DOCUMENT RESUME

ED 150 360 08 CE 014 643

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TITLE Mountain-Plains Handbook: The Design and Operation of a Residential Family Based Education Program. Appendix. Supplement One to Volume 6. A Regional Approach to Education: The Field Services Division.
INSTITUTION Mountain-Plains Education and Economic Development Program, Inc., Glasgow AFB, Mont.
SPONS AGENCY National Inst. of Education (DHEW), Washington, D.C.
PUB DATE Jul 75
CONTRACT NE-C-00-3-0298
NOTE 119p.; For related documents see CE 014 630-646

EDRS PRICE MF-$0.83 HC-$6.01 Plus Postage.
DESCRIPTORS Administrative Personnel; Admission Criteria; Agency Role; Budgets; *Career Education; Demonstration Programs; *Disadvantaged Groups; Economically Disadvantaged; Educationally Disadvantaged; Equipment; Facilities; Family Programs; Federal Programs; *Guidelines; Individualized Programs; Occupational Information; Personnel; Records (Forms); Regional Programs; *Residential Programs; *State Agencies; State Officials; *Student Placement
IDENTIFIERS Idaho; Montana; Mountains Plains Program; Nebraska; North Dakota; South Dakota; Wyoming

ABSTRACT

This supplement which accompanies chapter 6 of "Mountain-Plains Handbook: The Design and Operation of a Residential, Family Oriented Career Education Model" (CE 014 630), contains specific information concerning the state office and student placement office components of the field services division. Job descriptions of the field services management personnel are first presented. Then the following materials related to the state office component are included: representative state office budget, state office procedures, forms and reports, selection criteria outline, and student intake packet. In addition, the following materials related to the student placement office component are included: placement office floor plan and equipment list, student placement office action sequence, placement mod activity sequence, student placement packet, interview trip clearance forms, exit confirmation alert forms, occupational and work attitude report, and component information input/output reports. (BM)

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NATIONAL EDUCATION R&D MODEL

MOUNTAIN PLAINS EDUCATION ECONOMIC DEVELOPMENT PROGRAM INC.

ED150360

MOUNTAIN-PLAINS HANDBOOK

THE DESIGN AND OPERATION OF A RESIDENTIAL FAMILY BASED EDUCATION PROGRAM

U.S. DEPARTMENT OF HEALTH EDUCATION & WELFARE NATIONAL INSTITUTE OF EDUCATION

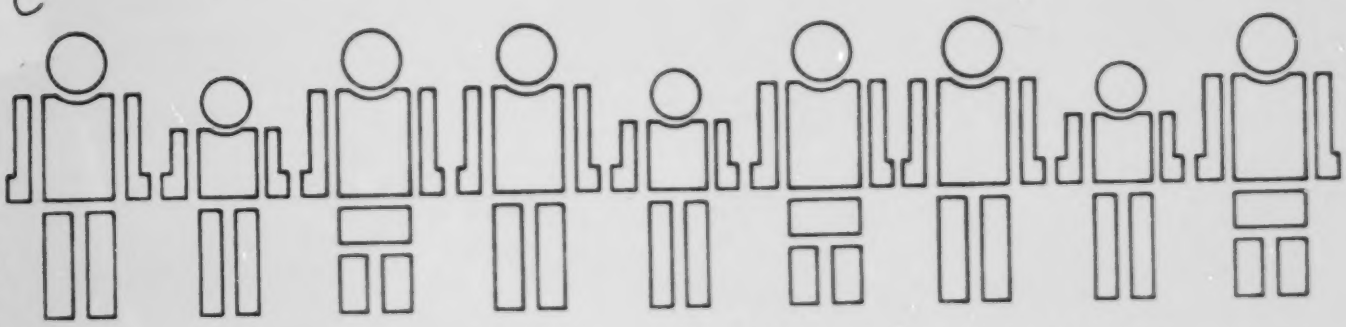
APPENDIX

SUPPLEMENT NO. 1 TO VOLUME 6

A REGIONAL APPROACH TO EDUCATION:

FIELD SERVICES DIVISION

CE 014 643



APPENDIX

This supplement is designed for use in conjunction with Volume VI.

Supplement 1 To Volume VI

A REGIONAL APPROACH TO EDUCATION: THE FIELD SERVICES DIVISION

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MOUNTAIN-PLAINS DOCUMENTATION

The material presented in this publication was performed pursuant to Contract NE-C-00-3-0298. The opinions expressed herein do not necessarily reflect the position or policy of the National Institute of Education and no official endorsement by that agency should be inferred.

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FIELD SERVICES DIVISION

MANAGEMENT ORGANIZATION

MOUNTAIN-PLAINS EDUCATION & ECONOMIC DEVELOPMENT PROGRAM, INC.

Job Description

Division: Executive

Job Classification (Salary Schedule): Range 7, Step_____.

A. Position Title: Administrative Assistant for State Office Operations

B. Job Qualfications:

Bachelor's Degree required. Master's degree preferred. Both education and previous work experience should show strong emphasis on public and/or private administration and exposure to the social sciences. Preferred experience in education and/or manpower administration. Proven administrative ability necessary. Experience in the area of student job placement, job development, inter-agency coordination and programming highly desirable. Familiarity with various state employment security commission practices useful. Ability to travel and an understanding of applicant interviewing processes helpful. Experience over three years may substitute educational attainment on a two-year experience for one year additional educational attainment basis. Knowledge of State and Federal government agencies and operations is essential. Good writing and public speaking ability needed. Strength in program development, implementation -- evaluation, budget preparation, and fiscal responsibility needed.

C. Primary Job Function(s):

To interdict the management process when appropriate through questioning, providing advice, the carryout of an executive decision by the management of the staff, etc, particulary as it relates to the six state offices and their staff. To assist in the planning of program, to monitor existant programs and to provide special reviews or evaluations as requested by the Executive Director or the Deputy Director. Serve as a member of Mountain-Plains Management Council and is the facilitator for the Executive Director for state office recruitment, job development, placement, follow-up and inter-agency coordination within the six-state area. Responsibility for planning, designing, implementing, and evaluating all state office programs and related services offered by Mountain-Plains.

D. Major Duties and Responsibilities:

1. Maintain and update of Corporate Policies and Procedures.

2. Prepare and assist at Board Meetings and assist Board Members.

3. Student Orientation.

4. Liaison with designated political figures.

5. Special tours as designated by Executive Director or Deputy Director.

6. Public information as directed and requested by Executive Director or Deputy Director.

7. Maintenance of "open door" policy to students.

8. Management Council attendance.

9. Program management in the absence of the Executive Director and Deputy Director.

10. Special audit and task-force committee member as directed and designated by Executive Director or Deputy Director.

11. Provide liaison as designated between the corporation and corporate attorneys. (insure the necessity for utilization of these services prior to contract.)

12. Assist students with legal questions not requiring the services of an attorney.

13. Serve (as appointed annually) as secretary to the Board of Directors, responsible for the Board Reading File, minutes of meetings, agenda and all materials and documents presented to the Board.

14. To assure the on-time, on-line delivery of all "Scope of Work" deliverables particularly those pertaining to the state office operations.

15. To monitor the state offices and Board of Director's budget. Also prepare and administrate the state office operations budget and annual plan of operation.

16. To assume responsibility for any special project as directed by the Executive Director or the Deputy Director.

17. To perform reviews or evaluations as requested by the Executive Director and the Deputy Director.

18. To sign, approve or reject checks or purchase requisitions in the absence of the Executive Director and the Deputy Director.

19. To maintain a residence on the facility to assure availability to the staff and students in the absence of the Executive Director and Deputy Director.

20. Develop and maintain channels of communications between himself and members of his area of responsibility regarding all aspects of state office operations.

21. Provide administrative direction in the development and initiation of policies and procedures affecting or relating to those operations.

22. Initiate and assist in the preparation of the state offices budget and direct (within the understandings of the Executive Director) all operations within the provisions of that budget once approved by the corporation and the funding agency.

23. Supervise, coordinate, and evaluate the general activities of state offices and delegate to them such authority as is required to perform their assigned duties and achieve the goals of their areas.

24. Establish and maintain continuous relations and communications between state office operations so as to insure coordination of efforts in attaining the goals of the total program.

25. Serve on and participate in the decisions of the Management Council reference the total program, with special emphasis on input and clarification related to the state offices operations.

26. Perform all other related and implied duties of the position and such other special duties assigned and/or delegated to him/her by the Executive Director of Mountain-Plains.

E. Reporting Relationships:

The Administrative Assistant for State Operations is directly responsible to the Executive Director and the Deputy Director. Quality control specialist activities as designated will relate to the Director of Research as appropriate and warranted. One Administrative Secretary and Six State Office Coordinators are directly responsible to the Administrative Assistant in charge of state operations. This person is responsible for insuring that appropriate personnel within the state office operations coordinate activities with the Research Services Division, Administrative Services Division, Scheduling, Data Office and Student Placement Office.

Approved: Bruce C. Ferguson

Robert O Baker
Coordinator Personnel

Date: July 22, 1974

RECEIVED
MPEEDP
PERSONNEL

Mountain-Plains
Job Description

Division: State Services

Job Classification:

A. Position Title: Administrative Secretary

B. Job Qualifications:

College or commercial school preferred. Successful proven experience required in typing, shorthand, filing and office procedures.

Experience in administrative and/or office management level of clerical support. Ability to assume responsibility, make office decisions, handle telephone calls and work well with supervisors, subordinates, the public, and students.

Ability to handle procedural administrative duties such as payroll records, time distribution, purchase orders, purchase requisitions, travel expense reports and other related administrative work.

Ability to monitor correct input of the above nature received from state offices and to assist the state office managers in the timeliness and correctness of input.

C. Primary Job Function:

Clerical and asministrative support to the Administrative Assistant for State Operations, Corporate Secretary, and Placement Officer.

D. Major Duties and Responsibilities:

1. Assume minor administrative duties, which relieves the supervisor of these responsibilities.

2. Set up and/or maintain a filing system found to be most useful and effective to the department and maintain all information, documents, letters, etc. pertaining to the department.

3. Ability to take and transcribe dictation. Type from rough drafts, plain or corrected copy all confidential or limited distribution material into a final form or correspondence and distribute as indicated.

4. Receives all incoming and outgoing mail, routing it to its proper destination, and handling all routine requests. Suspense correspondence when certain dates are to be met.

5. Type and/or receive and assemble feeder information for reports and deliverables.

6. Assume duties of a receptionist in answering and making telephone calls, appointments, and interviewing visitors. Set up schedules and make reservations for conferences, trips, etc. and put together any materials needed for such.

7. Prepare and maintain materials for Division payroll, e.g. timecards, leave requests, attendance reports, etc.

8. Prepare and monitor purchase requisitions, materials requisitions, weekly expense reports, telephone logs, and other required forms.

9. Receive from State Offices and distribute pertinent information on all new participants.

10. Maintain a running list of student input. Make up new student files, maintain a rolo-dex file of students on-Center, and maintain the Director's student status board.

11. Prepare a weekly report of students on-Center, students exiting, and students arriving for Management Council.

12. Make arrangements for state staff on-Center visits. Set up appointments for student/state staff interviews.

13. Maintain a calendar of activities for Administrative Assistant for Field Services.

14. Conduct tours when requested to do so.

15. Perform all other duties implicit in the position of Administrative Secretary or as required by the Administrative Assistant for Field Services.

E. Performance Evaluation:

Items stressed: Job capacity, judgement, human relations, oral expression, job accomplishment (quality & quantity), personal fitness, attitude, and dependability.

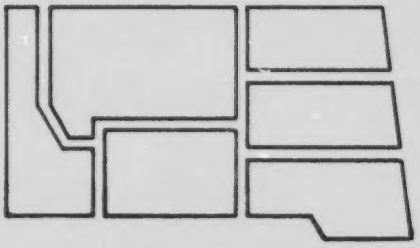
F. Reporting Relationships:

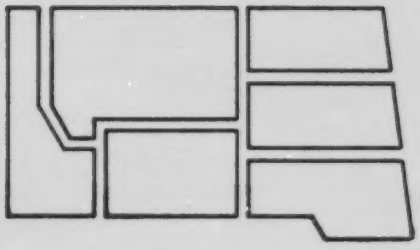
Reports directly to the Administrative Assistant for State Operations.

PERSONNEL

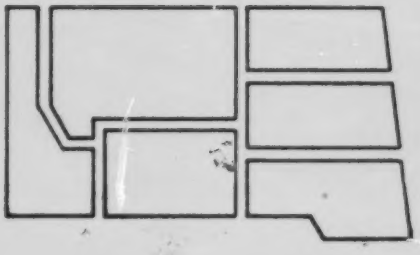
ADMINISTRATIVE ASSISTANT FOR STATE OPERATIONS

EXECUTIVE DIRECTOR

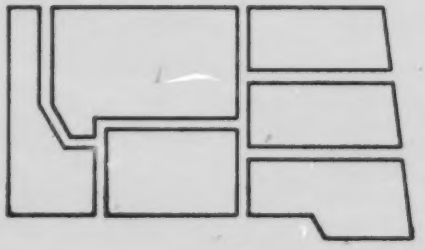


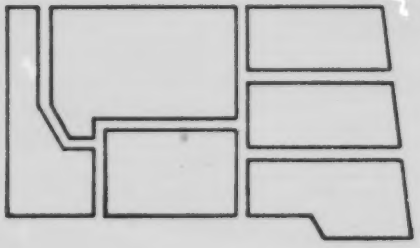


FIELD SERVICES DIVISION



STATE OFFICE COMPONENT





BUDGET

(REPRESENTATIVE STATE OFFICE BUDGET -
Expanded detail presented to illustrate typical items in a budget; figures added only to create a realistic example)

Cost Center 17--		DETAIL	SUB-TOTALS	TOTALS
1	SALARIES			
	Coordinator	19000.00		
	Field Ops. Spec II	13500.00		
	Field Ops. Spec I	12000.00		
	Office Manager	8500.00		
2	Total Salaries			53000.00
20	Payroll Burden (@ 21%)			11130.00
	FACILITIES			
	Rental-12 mo. @ $100/mo	1200.00		
	Utilities 12 mo. @ $20/mo	240.00		
	Maintenance 12 mo @ $38/mo	460.00		
36	Total Facilities			1900.00
	EQUIPMENT			
	Copier (rental)	500.00		
	Maintenance:			
	Typewriter	50.00		
	Dictation Machines	60.00		
	Copier	115.00		
45	Total Equipment Costs			725.00
	Credit Checks 71 @ $8/ea	570.00		
	Office Cleaning	180.00		
50	Total Subcontracts			750.00

	TRAVEL*				*One "trip"
	Recruitment	Auto	3024.00		equals 3 days
	180 interviews @ 5	Per Diem	2376.00		at an average
	per trip = 36 trips			5400.00	of $50./day auto
	Placement	Auto	1680.00		& per diem
	100 interviews @ 5	Per Diem	1320.00		
	per trip = 20 trips			3000.00	
	Follow-up	Auto	2520.00		
	150 interviews @ 5	Per Diem	1980.00		
	per trip = 30 trips			4500.00	
	Comparison	Auto	336.00		
	20 interviews @ 5	Per Diem	264.00		
	per trip = 4 trips			600.00	
	To Center				
	7 trips to center at average cost of $200/trip/person (2 for 2 FOS's, 3 for Coord.)		1400.00	1400.00	
55	Total Travel				14500.00
	OFFICE				
	Supplies		400.00		
	Equipment (files)		150.00		
	Total Office			550.00	
62	Postage		500.00	500.00	
	Reproduction				
	Paper		288.00		
	Fluids		62.00		
63	Total Reproduction			350.00	
	Other				
	Subscriptions		100.00		
	Conference Registrations		100.00		
64	Total Other			200.00	
65	Total Supplies & Miscellaneous				1600.00
	TELEPHONE				
	Service @ $50/mo		600.00		
	WATS @ $250/mo		3000.00		
	Long Distance @ $200/mo		2400.00		
67	Total Telephone				6000.00
800	TOTAL STATE OFFICE BUDGET				89605.00

STATE OFFICE PROCEDURES

RECRUITMENT

Procedures For Arranging and Maintaining Recruitment Sources

Establishing good relationships with agency personnel is not difficult so long as Mountain-Plains respects the confidentiality of agency information. As mentioned above, agencies must be fully informed as to what target population we are able to serve so that misunderstandings do not arise. If applicants from agencies are accepted and relocated to the Center, arrangements must be made to provide "feedback" or progress reports to the concerned agency. Both agency and applicant must understand that Mountain-Plains makes the final decision on acceptance or rejection of a family. Referral agencies must be advised why a student has been rejected although this is often an unpleasant task.

Procedures For Processing Application

To maintain an average of 190 student families on Center, as required by the MP/NIE contract, state offices will have an on-site family population of 31 to 35 families per state. Initial applications may come through any of the above named sources. Due to the restrictions of keeping within the travel budget a number of time and money-saving innovations can be used as follows: (1) Mountain-Plains application forms are now on file at each local state employment service office, and any prospective student who contacts us is instructed to pick up a form at his local ESC office, complete the form and send it to the

Mountain-Plains State Office. At the same time, he can arrange to take the GATB in the ESC office. (The GATB is not used as a selection instrument but to later assist the student in occupation guidance). (2) Upon receipt of the application, the State Office can then determine if the applicant meets general guidelines as to debt limit, family size, and physical disability. The appropriate number of health history forms and one of the Mountain-Plains brochures can then be mailed to the family along with instructions and a request that health histories be returned to the State Office as soon as possible. Initial screening at this point will prevent the expenditure of contract funds on individuals obviously unable to benefit from the program. (3) About the time the health histories are returned, the state ESC should have sent in the results of the prospect's GATB exam. The state staff will now have enough information on education level, indebtedness, and physical qualifications to justify an interview trip. Every effort is made to have several interviews arranged in the community if the trip is to be a long one as well as proper notification to the applicant of an approximate time of arrival.

Procedure for Imparting Information to Applicant

Upon meeting the interested family in person, the interviewer has information from the above forms which will indicate areas which need more investigation. The family already has the brochure and will be better informed while asking questions.

At this time, if the family wishes and there is sufficient room, the slide presentation may be shown to impart more information to give a family more of the "feel" of the Glasgow Center. If the family is still motivated, the remainder of the interview is completed. Physical forms and immunization cards are left with the family pending notification of acceptance.

Procedures For Gathering Additional Information

Upon completion of the interview the Mountain-Plains representative should contact his community sources and gather their impressions, good and bad, about the family. If appropriate, the Agency Report form can then be completed. Police Checks should be undertaken at this time. The Police Check will determine if the individual is on probation or parole. Local (Montana) Probation and Parole authorities reserve the right to determine the suitability of Probation or Parole supervision prior to the relocation of a family to the Center. Upon return to the State Office, a Credit Check is completed and the entire file reviewed for completeness.

Procedure For Reporting And Documentation

Reporting is accomplished in a variety of ways and initiated when contact with a prospect is made via the Weekly Activity Report. (Weekly Activity Reports include all contacts with agencies or individuals, the purpose of contacts and results). Final report is included in the applicant file and transmitted to the Center. The State Office maintains file on unacceptable applicants with reasons for rejection.

Documentation is an ongoing function that is performed throughout the processing period; from initial contact until applicant is either rejected or arrives on Center, i.e., Health History vs actual Physical; Financial Statement vs Credit Check; applicant's statements vs Police Check; gross income vs W-2 Form. Agency Reports, Employer Evaluation and community checks are useful for documentation also. These procedures are primarily performed by the Field Operations Specialist and the Office Manager with final screening by the Coordinator.

SELECTION AND RELOCATION

Procedure For Review Of Files In Relation To Selection Criteria

Upon completing the file, an initial check list review is done by the Office Manager and Coordinator. Where omission of forms is found, follow-up in an attempt to obtain them immediately is initiated by the Office Manager. Prime points of review are: medical history forms; physical examination forms; employer evaluations; WRAT and GATB scores; school records; police record checks; and agency reports.

Should any detrimental factor be found, follow-up is done by that staff member who performed the initial interview, or if possible, by the Office Manager by phone or mail.

Procedure For Reviewing The File For Completeness Of Research Data

Virtually the same procedure as above.

Procedure For Forwarding Information To Center

Complete packets are mailed to the Center at least three weeks prior to expected entrance into the program. If the file is not complete, the Field Services Associate Director is notified of missing documents and reasons for delay. Also, a memo noting omission is included with the applicants file.

Procedure For Identification Of Acceptable Families

Final acceptance for program entry is made by the Administrative Assistant for State Operations.

Upon notification of acceptance by the Center the families are notified by phone or mail.

Procedures For Identifying Control Group Families

All families are notified at the time of their initial interview that they may be placed in the control group. Files are submitted to Research Services where random selection is made.

Procedures For Notifying Families Of Their Status (Rejection/Acceptance)

Done through phone or mail contact.

Procedures For Relocation Of Families To Center

Notification of date for relocation is done by State Office Manager after Center's acceptance. Determination of mileage and transportation costs, as well as means of relocation is discussed with the family. Upon determining total cost of mileage, per diem and transportation, the Administrative Services Office is contacted and relocation costs and house assignment is requested. Upon receipt of students' relocation check from the Center, it is hand carried to students, if possible, or to referring agency for delivery, if pre-arranged. Information pertaining to emergency telephone numbers, contact upon arrival at Center, a map of the Center, a breakdown of relocation costs, and other general information is given to the student prior to leaving his community.

Procedure For Reporting And Documentation

Formal reporting via the Activity Report is done on a weekly basis and encompasses activities of the Coordinator and Field Operations Specialists.

Any unusual happenstance pertaining to selection is reported at that time, as well as being included with the files. Informal reporting is done to the Field Services Division by telephone and memo. Documentation is conducted on a day-to-day, as-needed basis, with participating agencies, credit bureaus, hospitals and clinics, schools, and law enforcement agencies. When required documents are submitted to pertinent departments of Mountain-Plains.

JOB DEVELOPMENT

Becoming Familiar With The Labor Market

An on-going function as the needs of the labor market constantly changes and monthly updates must be secured. Public and private agencies have staff and branch offices located throughout the state and constant contact must be maintained. A list of contacts might include: area labor market analysis-ESC; area placement personnel-ESC and private agencies; major placement employers; banking institutions; Chamber of Commerce; state personnel commission; area civil service commission; city personnel commission; county personnel commission; and economic development agencies.

Personal contact is necessary to maintain communication; however, certain publications are available which will provide continuous and regular data on the job market. These include; manpower review publications; newspapers; labor market bulletins; economic indicator pamphlets; construction reports; personnel commission announcement; state ESC job opportunities report; and state and area EDA reports.

Procedure For Arranging And Maintaining Contacts

Familiarity with those responsible for the hiring of employees is essential to successful job development and eventual placement. A contact in the local ESC Office often assists in an introduction to local employers. First contact with a prospective employer can be used for imformation purposes (to sell the program) and will assist in developing receptivity to the Mountain-Plains Product at a later date. Initial contact should be personal. Letters,

personal or form, and phone calls should be avoided. Maintaining initial contacts is generally accomplished by a short visit over a cup of coffee. Repeat visits keep one up-to-date on possible personnel changes in employment offices. The job skills of a previous student placement will affect receptivity as well as maintaining contact. Student nonperformance causes loss of credibility, therefore total honesty is necessary.

Usually an open position is available only for a few days and the student must be available for interviews during that period. The date should be extended only in cases of emergency. At this point the job developer can begin finalizing employment opportunities. Opportunities may come from previous contacts or new ones may have to be found in order to assure successful placement. Federal and State Personnel Commission test results must be secured to determine placement on hiring registers. This may be done up to 2 weeks prior to completion while the student is still on Center.

Scheduling interviews is a difficult and unique problem. Employers will not hold openings any longer than necessary and usually interview only 2 or 3 days before hiring. For this reason an exact interview time frame is difficult to establish. A two week notice to the Placement Officer is desirable but three days prior to interview is workable. This procedure should be as individualized as possible in order to create a setting for successful placement. Job development may continue following relocation if successful placement has not occurred prior to exit.

Priorities In Placement Job Development

Completers of the Mountain-Plains Program are number one priority, however, the major emphasis in pre-placement job development activities is directed toward the major income earner and in line with his/her occupational preparation area. If the occasion should arise where job opportunities for the HOH are plentiful in several areas but employment opportunities for the spouse are limited than placement of the spouse could become the major emphasis. Flexibility and individuality should be the key factor.

Replacement job development should be done on an as-needed and time available basis.

Job leads may be given to non-completers desiring assistance; however, care should be taken so as not to lose a good employer contact because of a bad experience with a non-completing student. State staff must be candid with the prospective employer.

If reasonable, other priorities may be dictated by unique student demands.

Identification Of Acceptable Job Openings

An individual analysis of each opportunity may be made and items such as economic status, skills required, chances for advancement, fringe benefits, social status, location, working conditions and job stability should be considered. If these appear to be satisfactory initially they may be held for consideration at a later date. When a specific student is about to complete,

then a more refined analysis and a matching of student and job opportunity may begin. This procedure narrows the field and the student may at this point become involved in the determination to schedule specific interviews.

Procedure For Individual Student Skills

At this point in time, it is very difficult to separate job development and placement functions as the two overlap. Successful job development lays the foundation for placement but if placement slips, the foundation, no matter how good, could crumble.

Transripts, employability reports, personal data sheets, etc., play an important role. The more personalized the information from Center about the student, the easier it is for the job developer to match student and job, and the greater the opportunity the prospective employer will be able to determine potential employment suitability. This cannot be a computer type function, as personalities are involved. Contacts may have to be made with employers and students to evaluate various situations and perfect a match.

Identification Of Openings To Be Emphasized In Placement

Normally HOH employment opportunities that will be emphasized during placement will be those which most completely match the student needs and desires. The job opportunities identified for the spouse should meet needs and desires as well as complement the HOH's opportunities.

Procedure For Reporting And Documentation

State Staff should avoid the documentation of specific job openings unless

job development is taking place for a specific student.

Employer contacts should be written and filed according to occupational training areas and information such as that contained on Form A completed. This will allow quick and specific recall of initial and subsequent contacts.

More specific information such as on Form B should be learned when in the final stages of job development and relayed to Center in order to begin matching student with employment opportunity.

JOB PLACEMENT

Procedure For Arranging Family Interview Trips

The following is the Center Placement Office activity sequence:

Activity	Time Frame
Information Services: Provide students with general information and employment information relative to areas of relocation.	Continuous
Exit Orientation: Explain student placement procedures and the placement services that are available to completing students.	60 days prior to completion.
Student Placement Packet: Route a complete student placement packet to the state of relocation.	To allow 30 days for job development.
State of Relocation Information Update: Utilize telephone contacts with the state office to update information regarding completing students.	From 30 days prior to completion until the student exits.
Student Information Update: Keep the student informed of placement activities in his selected state of relocation.	From 30 days prior to completion until the student exits.
Interview Trip: Process the Interview Clearance to notify the Student Accounting Department and the Community Instructors of the interview trip schedule.	Immediately after receiving notification from the state regarding specific interview dates.
Exit Procedure: Process the Exit Confirmation to notify the Student Accounting Department and the Community Instructors of the specific date for student dislocation.	At the earliest time a specific date for dislocation is known.

The primary objectives of the Student Placement packet are as follows: (1)

To acquaint the State Office Staff in the State of Relocation with the completing

Student. (2) To introduce the completing student to potential employers. (3) The utilization of the Student Placement Packet is determined by specific situations. Flexibility is essential if the placement effort is to serve the best interests of the student.

A complete student placement packet consists of the following components: (1) Personal Data Sheet: A summary of personal data including education and work experience information. It may be utilized by the student as a source of specific information needed to complete necessary applications for employment. (2) Job Interview Evaluation: A critique of the Student's performance in a mock job interview. This includes specific information regarding individual strengths and weaknesses and positive suggestions for improvement in this activity which is vital to a positive Placement Effort. (3) Work Experience Evaluation: A review of the Student's ability to function in an actual employment situation. This provides an indication of the Student's ability to transition from the "classroll" to a payroll. (4) Instructor's Evaluation: An employer-oriented evaluation including specific information about what the Student is trained to do and how well he does it. It may include specific suggestions regarding the employment situation best-suited to the Student's aptitudes and attitudes. (5) Health Report: A review of the Student's general health status and a reminder to him to maintain sound health habits such as updating immunizations, etc. It may reflect health problems that affect his employability. (6) Financial Planning Report: This financial forecast encourages the Student to continue financial planning as he departs from Center.

It may alert the State Office Staff to unusual or unrealistic financial needs. (7) Transcript: This is a list of completed courses. (8) Employability Report: This report focuses on attitude and involves four major concerns: overall employability, working environments, employer behavior, and unresolved problems.

Interviews are secured through the job development process. Once an interview has been established the Center Placement Office is notified of the potential employment, name of business, address, date and time of the interview, salary and type of work.

The State Office makes every effort to arrange interviews for a completing spouse. If those interviews are arranged simultaneously with the Head-of-Household, then both members of the family come out on the interview trip. However, if only one of the family members has an interview, then that individual alone makes the trip.

Procedure For Arranging Interview With Employer

When a potential job opening has been found which was not previously developed through the job development process, the employer is visited by a member of the State Office. If the employer is not familiar with Mountain-Plains, he is given a program description and shown the applicant's file--primarily the resume, various evaluations and curriculum taken. A time and date for the interview is established and the employer informed that the applicant will be accompanied by a member of the State Staff.

Activities During Interview Trip

A member of the State Office Staff meets the interviewee, usually in the city where the interview is to be conducted. Time is spent previous to the interview in conversation designed to place the interviewee at ease and informally rehearsing good interview procedures.

When interviews are located in more than one city, the State Staffer accompanies the interviewee throughout the process. Usually interviews are accomplished within two days. In the case of multiple interviews, the State Staffer critiques each interview with the completer.

In the instance of a successful interview and job placement, State Staff assist in finding housing for the completing family. This procedure is usually started during the interview trip by conducting a house search through newspaper ads, real estate agencies and personal contacts.

Procedures For Dislocating And Assisting Families Not Electing Interviews

Those families not electing interview assistance by making special request for other types of assistance are given such help. State Staff will travel to the family's place of return and assist them in whatever manner possible.

Procedure For Follow-up Of Interview Trip with Employers And Family

Following the interview, the State Staffer evaluates the interview by completing the interview trip report. That report is utilized by the State Staff in improving completer's interview skills before the next interview and to

assist On-Center Staff in deviloping the skills of those not yet exiting the program. The Center is notified of any successful job placement: business name, address, type of work, salary, starting date and time of job.

Often employers do not decide on hiring during the interview process, but rather wish to have the Staffer visit or call within a few days. When possible, a personal visit is made. Once the employer has made his decision, the Center and the family, through the Center Placement Office, is notified of the success or non-success of the placement potential.

Except in unusual circumstances, usually a request from the family, the State Staffer does not accompany the person to their first day on the job.

Procedures For Dislocating And Assistance For Families Following An Interview Trip

Successful Placement: Housing is seldom secured for a family during the interview trip. In those instances when it is not secured, the state office staff continues the search and arranges for housing. When the State Office is requested to find housing, a determination is made as to the rental or purchase payments which the family wishes to incur. The State Staff conducts their housing search accordingly (in larger cities an attempt is made to find government subsidized housing).

The Center arranges for dislocation of families.

Families who do not have housing arranged prior to their dislocation are

encouraged to leave the Center several days before their first day on the job. A member of the State Staff meets the family and continues the housing search with them. Often, particularly in the case of single parents, this involves actual physical assistance in the moving of household goods.

Within 15 days from the family's dislocation, the initial relocation report is completed and sent to the Center. This report is completed whenever possible by talking with the family. In instances where it is impossible, State Staff talks with the employer.

Social maintenance procedures are usually unwarranted during the family's immediate relocation. The family on their own has to establish their initial social meshing with their new job, neighbors and community. However, assistance is offered immediately, and during subsequent visits the State Staffer again offers assistance. Additionally, help is given on a crisis intervention basis.

Unsuccessful Placement: Those families who are not placed prior to dislocation are met at their destination city and the search for a job continues. The job seeker is introduced to officials in the area (usually Staff at the Employment Service Office) who can assist them. If requested, assistance is given in arranging to have children placed in school and in identifying other community resources while the job search continues.

Procedure For Placement For Spouse Not Electing Or Succeeding In

Immediate Placement

The family is informed that the state office stands ready to assist in replacement of the HOH or placement of the spouse should he/she later elect to job seek. During each of the quarterly required visists and any other visists, Staff ask if the spouse has worked or wishes assistance in job placement. If he/she does wish to be placed, Staff begins the job seeking process and in every instance encourages the spouse to file with the state Employment Office, and where possible, Staff takes the spouse to the employment office for registration.

Procedure For Subsequent Replacement

The family is continually encouraged to seek State Office assistance whenever needed. Many families have contacted the State Office for replacement. The job search procedure is then re-initiated.

It should be noted that the great majority of families do not seek State Office assistance if they have lost or changed jobs.

Procedures For Reporting And Documentation

An initial relocation report is completed and sent to the Center within 15 days of the family's dislocation. Quarterly follow-on reporting is conducted personally by a member of the State Office Staff.

Each State Office has a time-flow chart which flags those due dates for follow-on interviews. Attempts are made to conduct those interviews within

a week on either side of the due date. The interview form is sent to the Center with a copy retained in the family's personal folder.

Phase Step Description Of the Mountain-Plains Placement Services Conducted By The Six State Offices

Phase I: Continuous job development and labor market research in those areas offered in vocational preparation at Mountain-Plains. (A) Maintaining contact with labor market analysis. (B) Physical research such as newspapers and ads.

Phase II: Identification of employers having employment needs and receptive to the hiring of Mountain-Plains students. (A) Building receptivity of employers to the Mountain-Plains product. (B) Maintaining a contact group of employers in the identified areas. (C) Feedback of information and output of information. Testing of product marketability.

Phase III: Physical Job Placement. (A) Identifying available job openings. (B) Presenting the product as saleable and available to the job market. (C) Arranging interviews for available positions. (D) Assisting in the employment of the Mountain-Plains product by representation.

Phase IV: Physical Relocation Assistance. (A) Housing assistance. (B) Food Assistance.

Phase V: Community and Social Assistance. (A) Schools for children. (B) Community activities. (C) General introduction to community.

Experience shows families having received the 5 phases of placement assistance tend to be more receptive to the on-going follow-on and research gathering required.

SUPPORTIVE FOLLOW-UP

Procedures For Supportive Follow-up

Families are encouraged to notify the State Office if problems are occurring. Local agencies are identified for the family and if problems occur intervention is attempted. Feedback of pertinent information to the appropriate on-center staff takes place if the Center can assist or if the information is useful to the overall program.

Procedure For Integration Of Supportive Follow-up And Data Follow-up

Data follow-up and supportive follow-up are integrated, as data follow-up is the logical time to discuss problems and possible solutions with exited families.

Procedure For Reproting And Documentation

All data interview times are established by Research Services and current lists are sent to the State Office where they are reverified.

Interviews and contacts are made by the State Office. Forms are forwarded along with a notification of potential problems to Research Services. Following two unsuccessful attempts to locate a family, the State Office notifies Research Services of its intention to discontinue efforts. Research Services then verifies the dropping of a family from the sample and the case is closed in both Research Services and the State Office. Following a two year period or assumption of follow-on by a third party the case is closed by both State

Offices and Research Services.

Follow-up And Supportive Data

The purpose of data follow-ups is to provide useable data to Research Services. This is to be provided in the form of IRR's (Initial Relocation Report) 3-weeks post exit, 3-months, 6-months, 12-months, 18-months and 24-months. After January 1975 only the IRR and the 3-month data follow-up will be required.

Generally three sets of circumstances will be found: Families that can be found at the necessary time and can be called on within the region; families that can be found but are outside the six state region; and families that cannot be found at the necessary time.

In the case of a family available for interview within the six state region at the required time the office having jurisdiction over that area arranges and meets with the family accomplishing all required testing and interviewing. Employee and community contacts are made at the time of interview. Any not possible to accomplish are done by mail and phone from the State Office. Not more than one follow-up interview can be expected.

MONTHLY APPLICANT REPORT

A. REFERRAL SOURCES

Big City Employment Service
Reservation CAP
Little Town Employment Service
Irwin County Welfare Dept.
Park County Welfare Dept.
Harrison County Welfare Dept.
Big Fork Alcohol Center
Big Fork Veterans Service Center
Student Referral

B. NUMBER OF APPLICANTS RECEIVED

Names Month

C. APPLICANTS WHICH MEET ALL SELECTION CRITERIA

Names

WEEKLY ACTIVITY REPORT

APPENDIX C 2

NAME:_____ STATE:_____ REPORTING PERIOD: 4/7 - 4/11

Dates	Over Nights	Miles	Towns Visited	Purpose	Results - Be Specific
4/7		55	Caldwell	Interview	General office work and miscellaneous reports. Interviewed applicant family_____ in Caldwell - appears questionable. Initiating background checks. Completed Mr. _____ and Ms._____ files for submission to Center.
4/8			Meridan	Interview	Phone with Ms._____. She has found housing, but no job. Seems to be in good spirits. Interviewed applicant family_____ in Meridan. Appear to be OK, except they are expecting a baby in June. Initiated backgrounding checks. Arranged meeting with Vo-Tech staff at BSU for next week. Maybe good source of referrals. Checked on status of_____ application. They are still interested, baby due in June, processing of their application will continue.
/9					Placement contacts for Ms._____ through Mr. _____ at DOE and _____at H & W. General discussions with DOE staff at Boise local office. Arranged to present brief summary of M-P at a staff meeting soon. Placement efforts for _____ through local DOE and numerous local employers. No success to date. Followed up on delayed backgrounding responses for _____. Should be forwarded soon.
/10					Attempted to contact _____to inform him of comparison group selection. Left message. Attempted to contact applicant _____, in Post Falls - no luck. Spoke to Mrs._____ concerning their selection and possible relocation date. They will go upon completion of the school term. Sent necessary forms to complete_____ file. Contacted_____ to determine the nerve pill prescription she use to follow-up questions from the Center.
/11					Spoke to Mrs._____ - applicant in Post Falls. They are no longer interested. Tried to contact applicant _____ in Post Falls, no luck- sent them a note to see if they are still interested. Placement contacts for_____ Reviewed pending files for completion. Misc. correspondence

35

WEEKLY SUMMARY REPORT FOR STATE OFFICE

WEEK OF 4/7 - 4/11

Quota	32
Students on Center	33
Total (+ or -)	+ 1
Initial Recruitment Contacts	12
Applications in Process	17
Students Scheduled for Center Entry	4
Number of Students Relocated	2
Placement Requested	3
Placement Accomplished	1

Discretionary Comments:

Mr. K placed at Z & Z TV Repair, Fall City, at $ 3.75 per hour.

Ms. J. delayed relocation one week due to son's illness.

EMPLOYER CONTACT

Company Name: _____

Address: _____ Phone _____
(street) (City) (State) (Zip)

Contact Person: _____

Position: _____

Occupational Area: _____

General Needs: _____

_____

_____

_____

Salary: _____

Fringe Benefits: _____

_____

General Comments: _____

_____

_____

_____

Initial Contact Date: _____

Subsequent Contacts: _____

_____

EXITED PARTICIPANT RELOCATION REPORT

Date of Exit: _____

Name: (HOH & Spouse) _____

Address: _____
(Street) (City) (State) (Tel.)

Employment:

	HOH	Spouse
Employer : (Name & Address)	_____	_____
Date Employed:	_____	_____
Contact Person: (Name & Title)	_____	_____
Job Title:	_____	_____
Job Duties:	_____	_____
Wage per month: (hr/week)	_____	_____

Has the above data been verified by the employer (s)? HOH _____ Spouse _____

Are these jobs in areas defined as worker shortage by ESC? HOH _____ Spouse _____

Did participants arrange own employment or was placement made by MP? HOH _____ Spouse _____

Comments on above:

If either participant is unemployed, why?

HOH: _____ Spouse: _____

COMMENTS: _____

Use additional sheet for employable children resident with HOH or spouse.

THIS SIDE FOR RESEARCH USE ONLY:

	HOH	Spouse
Are participants program completers?	_____	_____
In what occupational area(s):	_____	_____
	_____	_____
Was he or she unemployed when first contacted by MP?	_____	_____
Is he or she presently employed?	_____	_____
Is present employment in area(s) of training received?	_____	_____
What was the salary on last job prior to MP?	_____	_____
What is the salary on current job?	_____	_____
Difference: Current salary $\pm$ last.	_____	_____
What was last job title before MP?	_____	_____

CRITERION SUMMARY

	HOH		Spouse	
	Yes	*No*	*Yes*	*No*
1.1 Admitted to occupational training-- program completed.	☐	☐	☐	☐
1.2 Program completer-- placed within three weeks.	☐	☐	☐	☐
1.4 Placed, current salary greater than on last job.	☐	☐	☐	☐
2.1 Spouse completing partial enrollment -- placed within three weeks.	☐	☐	☐	☐
7.1 HOH unemployed when initially contacted by MP - currently employed.	☐	☐	☐	☐
7.5 Job placement is in worker shortage area as defined by ESC.	☐	☐	☐	☐

APPENDIX C 6

EXITED STUDENT
3 Month Status Report

Date of Exit: _____
Date of Report: _____

Name: (HOH & Spouse) _____

Address: _____
(Street) *(City)* *(State)* *(Telephone)*

Employment (Current Job):	HOH	Spouse
Employer: (Name & Address)		
Date Employed:		
Contact Person: (Name & Title)		
Job Title:		
Job Duties:		
Wage Per Month: (hour/week)		

Has the above data been verified by the employer(s)? HOH_____ Spouse_____

Did students arrange own employment or was placement made by MP? HOH_____ Spouse _____

If not in original post program employment, was re-placement made by MP? HOH_____ Spouse_____

Change in employment status from IRR to 3 months:

HOH: _____ Spouse: _____

If either student is unemployed, why? (Also, what has MP done to achieve placement? Interviews arranged, etc.?)

HOH: _____ Spouse: _____

How many weeks have either been unemployed from exit to three months? HOH_____ Spouse _____

COMMENTS: _____

Use additional sheet for employable children resident with HOH or spouse.

THIS SIDE FOR RESEARCH USE ONLY:

	HOH	Spouse
Are students program completers?		
In what occupational area(s):		
Was he or she unemployed when first contacted by MP?		
Is he or she presently employed?		
Is present employment in area(s) of training received?		
What was the salary on last job prior to MP?		
What was the salary on first job post-program?		
What is the salary on current job?		
Difference: Current salary ± last job pre-program.		
Difference: Current salary ± first job post-program.		
What was last job title before MP?		

CAREER EDUCATION MODEL IV

APPENDIX D

SELECTION CRITERIA

Revised September 4, 1973

Criteria Statement	Indicators and/or Measurement Technique
I. Criteria Tied to Internal Objectives	
A. No persons with mental retardation will be eligible.	School records and observation. If abnormalities are suspected other sources of information include: Mental Health Center Red Feather Agencies Doctors and/or hospitals National Assoc. for Retarded Children Family Service Agencies Condition could be verified by: Doctor MMPI Other responsible agency Evaluation
B. No families of which any member has a current violent, anti-social or uncontrollable behavior problem will be acceptable.	Records from school, police, and courts. (See attachment B1 & B2)
C. Current illegal use of drugs by any family member makes the family unacceptable.	Police and court records. Interview with family.
D. Family relationships	
1. All persons must be part of a legally constituted family, i.e., related by blood, marriage or adoption.	Marriage records, interview with family (validation of common law marriage).
2. There should not be two or more families at M-P with adults that are blood relatives.	

SELECTION CRITERIA

Criteria Statement	Indicators and/or Measurement Technique
i.e., father/son; brother/ brother.	
3. All single heads of household will have been legally divorced for a minimum of 6 months.	
E. Families with members who have alcohol problems currently severe enough to interrupt work, marriage, or social functioning will not be eligible for M-P participation.	See E1 & E2 attached.
F. Adult participant entering the program will score a minimum of 5.0 on the WRAT reading test.	WRAT reading test (long form).
G. No husbands/wives/parents will have a math level below 4.0.	WRAT math test.

ATTACHMENTS

B1. The objective of this criterion is to eliminate behavior problems which cannot be handled by Mountain-Plains. Adults with a history of criminal behavior of a chronic nature are not acceptable. Chronic refers to two or more incidents (felonies, misdemeanors, or other similar identifiable bahavior) in the last year or one incident during the past year with other like incident(s) in previous year(s). Adults who have not been convicted, but who have exhibited behavior in the past year, such as physical abuse toward anyone or any malicious destruction of any property are not acceptable. In so far as it is possible, persons with character deficiencies should be screened out. This is a judgment area. Some guidlines for identifying a character problem are self-centered personality, lack of ability to differentiate between right and wrong, manipulation of people for their own gratification, lying and lack of sincerity. These people are usually very verbal and appear quite intelligent. Any person possessing three or more of these qualities should be examined more closely by checking additional collateral resources.

There are children which M-P cannot handle. An acting out, disruptive child who is uncontrolled by his/her parents disqualifies that family from participation. For example, children who run away from home, who destroy property, who physically abuse themselves or others, or who are chronically truant disqualify the family.

B2. Information pertaining to this criterion may be gathered from one of the following sources:

Interview with family
School records of children age 6 and over
Police records
Sheriff records
Juvenile court records
Adult court records
Mental Health Clinic
Hospitals (including Mental)
Neighbors
Relatives
Local Bartenders
Welfare Departments
Family Service Agencies
Any other social service agencies

E1. Mountain-Plains cannot deal with the drunk or wet alcoholic. Recognizing that few people will admit alcohol problems, it is necessary to watch for signals. The person admitting to being an alcoholic is usually a pretty safe bet because the problem has been recognized and dealt with.

E2. Some indicators of a current alcoholic problem are:

Separations of husband and wife
Money problems
Poor employment record
Automobile violations
Felonies or misdemeanors
Health problems

Some places to gather information on alcohol abuse are:

Former employers
Family interview - Family Budget
Police records
Court records
Alcoholism Referral Center
Physician & Hospital
Neighbors
Relatives
Local bartender and other businessmen (in small towns)
Motor Vehicle Department
Alcoholism Rehabilitation Center
Welfare Departments
Family Service Agency
Any other social service agencies

SELECTION CRITERIA

Criteria Statement	Indicators and/or Measurement Technique
II. Criteria Tied to Program Logistics (Capabilities)	
A. No families that exceed the following monthly payment to cover debts or prior obligations (alimony or child support).	Credit Records Previous Marriage Records Court Records Interview With Family
1. Family in which the head of household is not eligible for VA benefits will not exceed $70.00 a month payments.	
2. Head of household eligible for VA benefits, with one dependent, will not exceed $120.00 a month in payments and will sign a statement to pay such amount while in program.	
3. Head of household eligible for VA benefits, with 2 dependents, will not exceed $130.00 a month in payments and will sign a statement to pay such amount while in program.	
4. Head of household eligible for VA benefits, with more than 2 dependents, will not exceed $140.00 a month in monthly payments and will sign a statement to pay such amount while in program.	
5. No participant will make arrangements for deferred payments on previously accrued bills prior to coming to Mountain-Plains.	Credit Records Interview With Family
B. No persons with legal or civil suits pending will be allowed unless acceptance by Mountain-Plains will satisfy the legal obligation.	

SELECTION CRITERIA

Criteria Statement	Indicators and/or Measurement Technique
C. No cars will be allowed without the minimum insurance coverage of the state of Montana (AF Regs. $10,000/20,000/5,000.)	
D. Medical Status	
1. No persons with health problems indicated on physical forms will be allowed. (The following include some of the health problems:)	Mountain-Plains Physical Examinations (Form)
a. diabetes not controlled or with complications	
b. epilepsy with more than three seizures per year.	
c. history of previous myocardial infarction with congestive heart failure or other complications.	
d. tuberculosis active or positive X-Ray.	
e. cancer - past or active	
f. physical or structural disability that restricts mobility or requires help from others.	
g. active venereal disease.	
h. malignant hypertension.	
i. vision not capable of reading newsprint - 16" to 18" vision (This will not be screened out if vision is correctable).	
j. hearing loss greater than 30%	
k. pulmonary disease that restricts activities of daily living.	
l. any other physical defects or disease which would interfere with a schooling program or job.	
m. unrehabilitated orthopedic problems.	
n. psychiatric problems (as indicated by personal data from other agencies).	
o. dental problems serious enough to require full mouth extraction or dental plates.	

SELECTION CRITERIA

Criteria Statement	Indicators and/or Measurement Technique
2. No person requiring medical care unavailable in the local area will be allowed	Medical histories Record explanatory statements by participants to State staff. Call Health Education on center for questionable conditions. Forward all past medical records.
3. All children of families entering program will have up-to-date immunization.	Complete Immunization record at time of physical.
E. All persons must have at least one functional arm and hand.	
F. Pregnancy	
1. Each participant family will sign a statement of intent to pay expenses incurred due to maternity and to participate in financial counseling to pay said expenses should they be incurred.	Statement of Intent
2. Families in which the spouse is in the last three months of pregnancy will not be allowed.	Send families 3 months before expected due date or following delivery.
3. Families in which the spouse is less than 6 months pregnant will show proof of $500 savings and agree to participate in financial guidance to pay maternity expense.	Proof of savings, statement signed.
4. Families eligible for PHS contract to cover maternity expenses will have proof of commitment. (This, in effect, is a waiver of F.3. above).	PHS Statement.

SELECTION CRITERIA

Criteria Statement	Indicators and/or Measurement Technique
G. Applicant will agree (on Participant Agreement Form) to participate and complete in a variety of programs including: Health Education Consumer Management Foundation Education Career Guidance Counseling Etc.	Applicant indicates understanding of program expectations and signs agreement form.
H. No heads of household will be allowed under the age of 18 or over the age of 50.	Birth certificate or other suitable reference.
I. After reaching 210 families, scheduling must provide for size of family/size of housing unit availability.	Housing availability.
J. Acceptable family size for participation. Two parent families with up to six children. One parent family with one to four children.	Interview.

SELECTION CRITERIA

Criteria Statement	Indicators and/or Measurement Technique
III. Criteria Tied to External Objectives	
A. Head of Household will not be eligible to participate at Mountain-Plains if he/she:	Interview a. Family b. Previous employer
1. Currently possesses saleable skills in the area of his interest and just wants technical upgrading.	
2. Desires skills that are not available at Mountain-Plains (See attached list.)	
3. Has participated in two or more other training programs (except training provided by military service) within the last five years.	

Mountain-Plains Education & Economic Development Program, Inc.

POST OFFICE BOX 3078 · GLASGOW AFB, MONTANA 59231 · TEL: (406) 524-6221

APPLICATION FOR PROGRAM ADMITTANCE

1. NAME OF APPLICANT and ADDRESS	2. PHONE	3. MARITAL STATUS
	HOME: _____ WORK: _____ OTHER: _____	____ Married ____ Divorced ____ Single ____ Separated ____ Widow(er)

4. MEMBERS OF HOUSEHOLD OR DEPENDENTS ACCOMPANYING APPLICANT (INCLUDING APPLICANT).

NAME	SEX	BIRTHDATE	RELATIONSHIP	SOCIAL SECURITY NO.	EDUCATION COMPLETED
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

5. PLEASE FILL IN THE FOLLOWING IN THE SPACES PROVIDED.

1. _____ Indicate total payments due from you and all individuals listed on this application form during the next 12 months (dollars). Do not count rents, electricity, heat, etc. Do include car payments, insurance, television, household goods.

2. _____ Are you or any individual listed on this application an alcoholic? (Answer Yes or No)

3. _____ Are you or any individual listed on this application a habitual drug user? (Answer Yes or No)

4. _____ Are you a citizen of the United States? (Answer Yes or No)

5. _____ Are you or any individual listed on this application presently on parolee or probation status? (Answer Yes or No)

6. _____ Do all persons age 6 and above listed on this application speak, read and write the English language?

7. _____ If selected to participate in the Mountain Plains Program, would you be willing to move to Glasgow, Montana? (Answer Yes or No)

8. _____ Does any member of your family have any disability such as blindness, deafness, mental retardation, or is confined to a wheel chair? If yes, list family member and disability. _____

I declare that my answers to all the above questions and statements are true and correct to the best of my knowledge and belief. I understand that I can be disqualified from participation in the Mountain Plains Education and Economic Development Program, Inc. for making a false statement or for misrepresenting any material fact on this application.

_____ Date _____ _____ Signature of Applicant

Mountain-Plains Education & Economic Development Program, Inc.

POST OFFICE BOX 3078 · GLASGOW, MONTANA 59231 · TEL. (406) 524-6221

Family Name: _____

EDUCATION

1. **Highest grade completed in school?**

   Head of Household _____ Spouse _____ H.S. Dropout - Dependent _____

2. **Has he/she ever taken a GED test?**

   Head of Household _____ Spouse _____ H.S. Dropout - Dependent _____

   If yes, list below the place test was taken.

PLACE	FAMILY MEMBER

3. **What are the WRAT scores?**

	Math	Reading
Head of Household		
Spouse		

4. **Has he/she participated in any vocational and/or training programs?**

   Head of Household _____ Spouse _____ H.S. Dropout - Dependent _____

   If yes, please list those attended in the past 5 years.

Name of School	Address	Type of Training	Dates Attended from	Dates Attended to	Completed?	Family mem.

5. **Is the head of household a veteran? Yes** _____ **No** _____

   If yes, complete the following section:

   Date of entry into military service: _____ Is he eligible for veteran's benefits? _____
   Date of separation from military service: _____ If yes, has he used any yet? _____
   Type of Discharge: _____

   Please describe below any specialty skills, special school or training completed at time of separation.

   _____
   _____
   _____

6. **What grades are the children in now or going to be in when school begins?**

NAME	GRADE	NAME	GRADE	NAME	GRADE

(Attach school records to this form for all children and for adults if available.) (Attach GATB score cards to this form for head of household and spouse.)

Mountain-Plains Education & Economic Development Program, Inc.

POST OFFICE BOX 3078 GLASGOW, MONTANA 59231 · TEL: (406) 524-6221

FAMILY NAME _____

EMPLOYMENT HISTORY

7. Head of Household -- Employment History of Past 3 Years *(List current or last job first)*

EMPLOYER	ADDRESS	KIND OF BUSINESS	DATE OF EMPLOYMENT From To	JOB TITLE	SALARY	REASON FOR LEAVING	Full or Part Time

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8. Spouse -- Employment History of Past 3 Years *(List current or last job first)*

EMPLOYER	ADDRESS	KIND OF BUSINESS	DATE OF EMPLOYMENT From To	JOB TITLE	SALARY	REASON FOR LEAVING	Full or Part Time

9. Is head of household presently: ___employed or ___unemployed. (If unemployed, is he/she looking for work? _____)

For how many weeks of the past 12 months, if any, were you unemployed? _____

10. Is spouse presently: ___employed or ___unemployed. (If unemployed, is he/she looking for work? _____)

For how many weeks of the past 12 months, if any, were you unemployed? _____

APPENDIX E 3

Mountain-Plains Education & Economic Development Program, Inc.

POST OFFICE BOX 3078 · GLASGOW, MONTANA 59231 TEL: (406) 524-6221

Family Name: _____

FINANCIAL DATA

11. What is the family income from employment only over the past 12 months? _____

12. Has the family received any welfare benefits during the past 12 months? Yes ___ No ___

    If yes, put the total amount received over the past 12 months across from the appropriate type:

    County (general) assistance _____
    Old Age assistance _____
    Aid to the Blind _____
    Medical _____
    Other (Specify) _____

    Child Care _____
    Aid to the Permanently or Totally Disabled _____
    Aid to Families with Dependent Children _____
    (Amount per month _____)

13. Has the family received any unemployment compensation in the past 12 months? Yes ___ No ___

    If yes, what is the total amount? _____

14. Does the family have any other sources of income? Yes ___ No ___

    If yes, what kind of income? _____ How much over a year's time? _____

15. Has the family used any of the following in the past 12 months?

    ___ Food Stamps (If yes, how much is paid for stamps monthly? _____)
    ___ Commodities
    ___ Free School Lunch

16. Does the family have any investments? Yes ___ No ___

    If yes, what? _____

17. What is the gross amount of debts payable over the next 12 months? _____

18. Does family have savings account? _____

    If yes, has it grown or decreased in the past 12 months? _____

19. Does the family have medical insurance? _____

20. Do adults have life insurance? Head of household _____ Spouse _____

21. Does the family own a car? _____

    If yes, do they have adequate insurance coverage? _____

22. Do you use a family budget? Yes No

Mountain-Plains Education & Economic Development Program, Inc.

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APPLICANT'S FINANCIAL STATUS REPORT

APPLICANT _____ STATE _____

ADDRESS _____ INTERVIEWER'S NAME _____

TYPE OF DEBT	AMOUNT	DATE & AGENCY CONTACTED	TERMS & RATE OF PAYMENT	Date of Last Payment	COMMENTS	Interviewers Initials
Hospital						
Doctors						
Pharmacies						
Utilities						
Legal						
Past Rent/House Payments						
Automobile (Include Title Check)						
Appliances						
Former Employers						
Finance Companies						
Bank Loans						
Personal Loans (Friends, etc.)						
Local Gas Stations						
Local Grocery Stores						
Recreation Equipment						
Other (Specify)						

I certify that to the best of my knowledge no members of my immediate family nor I have any additional debts.

I certify that to the best of my knowledge this information is reasonably accurate.

_____ _____ _____ _____

(Applicant's Signature) *(Date)* *(Interviewer's Signature)* *(Date)*

C1

Mountain-Plains Education & Economic Development Program, Inc.

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Family Name: _____

SOCIOLOGICAL INFORMATION

23. Are all persons listed on the application a legally constituted family? _____

    If not, explain: _____

    _____

    _____

24. What community resources has any member of the family utilized in the past 3 years?

Agency	*Family Member*	*Purpose*

    (Make every effort to obtain completed Agency Report Form from those agencies listed above.)

25. Is there a criminal or court suit pending against any family member? Yes____ No____

    (Attach Police/Court check)

26. Does family belong to any community organization? HOH _____ Spouse _____

    If yes, please name. _____

27. Does either adult hold office in any of these organizations? HOH _____ Spouse _____

28. In the past month has the family devoted any of its time to volunteer activities within the community? (Boy Scouts, Girl Scouts, Little League, clean-ups, etc.) HOH _____ Spouse _____

29. Has the family been involved during the past year in contacting public officials in an attempt to improve the conditions of their community? HOH _____ Spouse _____

30. Have you voted in the past year? HOH _____ Spouse _____

31. Does the family participate in any recreational activities together? Yes ___ No ___

32. Does the family ___ own, ___ rent, their own housing or ___ live with relatives or friends.

    Does the family live in government subsidized housing? _____ What is the value of the subsidy? _____

33. What is the housing payment per month?

34. What are their utility costs per month?

35. How many rooms do they have (not including the bathroom)?

36. Do any children over the age of 5 sleep in the parents' bedroom?

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Family Name:

37. Do they have an indoor flush toilet? _____

38. Do they have a telephone? _____

39. House Type (Check One)

___ (1	___ (5
___ (2	___ (6
___ (3	___ (7
___ (4	

40. Dwelling Area (Check One)

___ (1	___ (5
___ (2	___ (6
___ (3	___ (7
___ (4	

41. List below the cities and state family has lived in during the past 5 years:

City and State	*From When to When*

42. Does the family take a newspaper? _____

43. Does the family take a magazine? _____

44. Does the family have a "family doctor"? _____

45. Does the family feel that any of their members need health services at the present time? _____

If yes, what type of services:

___ Dental
___ Optical
___ Medical
___ Psychological/Mental Health

46. Are any family members of a racial minority? _____

If yes, which minority and how many family members? _____ _____

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CREDIT CHECK

Date: _____

Name of Client _____ Spouse _____

Address _____

Name of Agency _____

General Comments _____

_____

_____

_____

_____

_____

What credit cards are used? _____

_____

CREDIT EXPERIENCES:

COMPANY	OPENED	HIGH	PAYMENTS	BALANCE	RATING

Mountain-Plains Education & Economic Development Program, Inc.

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EMPLOYER EVALUATION

Date: _____

1. Name of applicant _____
2. Name of company _____
3. Position of evaluator _____
4. Dates applicant worked for company _____ to _____
5. Position applicant held _____
6. Final salary applicant earned _____
7. What was the quality of applicant's work? _____

   _____
8. How was applicant's attendance? _____
9. How was applicant's general attitude? _____

   _____
10. How well did the employee get along with his fellow workers? _____

    _____
11. How well did the employee get along with his supervisors? _____

    _____
12. Why did applicant leave your company? _____

    _____
13. Would you re-hire him? _____

    _____
14. Please make any additional comments you have below: _____

    _____

    _____

    _____

Mountain-Plains Education & Economic Development Program, Inc.

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AGENCY REPORT

Family Name: _____

The above named family has applied for entrance into the M-P program at Glasgow A.F.B., Montana. Part of the information we need to gather on this family concerns the strengths you believe they would bring to our program, any weaknesses exhibited during their contact with your agency, and the level and type of motivation you believe they would bring to the program.

Any comment you make will be held in confidence.

We appreciate your cooperation.

Motivation:

	Husband	Wife	Children
High			
Medium			
Low			

Please elaborate:

Strengths brought to M-P:

Weaknesses that will require work at M-P.

_____
(Signature)

_____
(Title)

MEDICAL HISTORY FORM

APPENDIX E 10

Mountain-Plains Education & Economic Development Program, Inc.

POST OFFICE BOX 3078 · GLASGOW, MONTANA 59231 · TEL. (406) 524-6221

1. Last Name - First Name - Middle Name			2. Grade and component or position	3. Identification No.
4. Home Address *(Number, street or RFD, city or town, State and ZIP Code)*			5. Purpose of Examination	6. Date of Examination
7. Sex	8. Race	9. Total years Government Service: Military / Civilian	10. Agency	11. Organization Unit
12. Date of Birth	13. Place of Birth		14. Name, Relationship and Address of Next of Kin	
15. Examining Facility or Examiner, and Address			16. Other Information	

17. Statement of Examinee's Present Health in Own Words *(Follow by description of past history, if complaint exists)*

18. Family History

Relation	Age	State of Health	If Dead, Cause of Death	Age at Death
Father				
Mother				
Spouse				
Brothers and Sisters				
Children				

19. Has any blood relation *(Parent, brother, sister, other)* or husband or wife

Yes	No	*(Check each item)*	Relation(s)
		Had tuberculosis	
		Had Syphilis	
		Had diabetes	
		Had cancer	
		Had kidney trouble	
		Had heart trouble	
		Had stomach trouble	
		Had rheumatism *(arthritis)*	
		Had asthma/hay fev./hives	
		Had epilepsy *(Fits)*	
		Committed suicide	
		Been insane	

20. Have you ever had or have you now *(Place check at left of each item)*

Yes	No	*(Check each item)*	Yes	No	*(Check each item)*	Yes	No	*(Check each item)*	Yes	No	*(Check each item)*
		Scarlet fever, Erysipelas			Goiter			Tumor, growth, cyst, cancer			"Trick or locked knee
		Diptheria			Tuberculosis			Rupture/Hernia			Foot trouble
		Rheumatic fever			Soaking sweats *(Night sweats)*			Appendicitis			Neuritis
		Swollen or painful joints			Asthma			Piles or rectal disease			Paralysis *(Inc. infantile)*
		Mumps			Shortness of breath			Frequent or painful urination			Epilepsy or fits
		Color blindness			Pain or pressure in chest			Kidney stone or blood in urine			Car, train, sea or air sickness
		Frequent or severe headache			Chronic cough			Sugar or albumin in urine			Frequent trouble sleeping
		Dizziness or fainting spells			Palpitation or pounding heart			Boils			Frequent or terrifying nightmares
		Eye trouble			High or low blood pressure			VD-Syphilis, gonorrhea, etc.			Depression or excessive worry
		Ear, nose or throat trouble			Cramps in your legs			Recent gain or loss of weight			Loss of memory or amnesia
		Running ears			Frequent indigestion			Arthritis or rheumatism			Bed wetting
		Hearing loss			Stom., liver or intest. trouble			Bone, joint, other deformity			Nervous trouble of any sort
		Chronic or frequent colds			Gall Blad. trouble/Gall stones			Lameness			Any drug or narcotic habit
		Severe tooth or gum trouble			Jaundice			Loss of arm, leg, finger or toe			Excessive drinking habit
		Sinusitis			Reaction to serum, drug, med.			Painful "trick" shoulder/elbow			Homosexual tendencies
		Hay fever			History of broken bones			Back trouble			Periods of Unconsciousness
		History of head injury									
		Skin diseases									

21. Have you ever *(Check each item)*

Worn glasses - contact lens	Attempted Suicide	
Worn an artificial eye	Been a sleep walker	
Worn a hearing aid(s)	Lived with anyone who h. tuberculosis	
Stuttered or stammered	Coughed up blood	
Worn a brace or back support	Bleed excessively after injury or tooth extraction	

22. Females Only - Have you ever

Been pregnant	
Had a vaginal discharge	
Been treated for a female disorder	
Had painful menstruation	
Had irregular menstruation	

Complete the following

Age at onset of menstruation	
Interval between periods	
Duration of periods	
Date of last period	
Quantity	☐ normal ☐ excessive ☐ scanty

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23. How many jobs have you had in the past three years?	24. What is the longest period you held any of these jobs? Months	25. What is your usual occupation?	26. Are you *(Check one)*
			☐ Right handed ☐ Left handed

YES	NO	Check each item yes or no. Every item checked "yes" must be fully explained in blank space on right.
		27. Have you been refused employment or been unable to hold a job because of: A. Sensitivity to chemicals, dust, sunlight, etc.
		B. Inability to perform certain motions
		C. Inability to assume certain positions
		D. Other medical reasons *(if yes, give reasons)*
		28. Have you ever worked with radioactive substance?
		29. Did you have difficulty with school studies or teachers? *(If yes, give details)*
		30. Have you ever been denied life insurance? *(If yes, state reason and give details)*
		31. Have you had, or have you been advised to have, any operations? *(If yes, describe and give age at which occurred)*
		32. Have you ever been a patient *(committed or voluntary)* in a mental hospital or sanitorium? *(If yes, specify when, where, why and name of doctor, and complete address of hospital or clinic)*
		33. Have you ever had any illness or injury other than those already noted? *(If yes, specify when, where and give details)*
		34. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years? *(If yes, give complete address of doctor, hospital, clinic and details)*
		35. Have you treated yourself for illness other than minor colds? *(If yes, which illnesses)*
		36. Have you ever been rejected for military service because of physical, mental or other reasons? *(If yes, give date and reason for rejection)*
		37. Have you ever been discharged from military service because of physical, mental or other reasons? *(If yes, give date, reason and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)*
		38. Have you ever received, is there pending, or have you applied for pension or compensation for existing disability? *(If yes, specify what kind, granted by whom, and what amount, when, why)*

TYPED OR PRINTED NAME OF EXAMINEE	SIGNATURE

39. Physician's summary and elaboration of all pertinent data *(Physician shall comment on all positive answers in items 20 thru 38)*

Typed or printed name of physician or examiner	Date	Signature	Number of attached sheets

Mountain-Plains Education & Economic Development Program, Inc.

POST OFFICE BOX 3078 GLASGOW, MONTANA 59231 TEL. (406) 524-6221

ADULT/PEDIATRIC PHYSICAL EXAMINATION--ENTRANCE FORM

(Cost of examination(s) to be paid by applicant)

Directions: The below named person and his/her dependents are being considered for admission into the Mountain-Plains Education & Economic Development Program, Inc. The purpose of this examination is to determine whether or not they have the physical and emotional ability to function within the program under prescribed limitations. Separate forms are to be completed for each member of the household/family.

NAME _____ DATE _____
(Last) (First) (Middle Initial)

If this is a pediatric examination, give parent's name: _____

ADDRESS _____
(Number & Street) (P.O. Box) (City) (State) (Zip Code)

THE FOLLOWING PORTIONS OF THIS FORM MUST BE COMPLETED BY THE ATTENDING PHYSICIAN

Birthdate:	Birthplace (City & State)	Height	Weight	Vision L-	Vision R-

ADULTS ONLY:

Does this adult have any of the following potentially disqualifying conditions?

Yes	No	
☐	☐	Diabetes, not controlled, or with complication
☐	☐	Epilepsy, with more than three seizures per year
☐	☐	TBC active
☐	☐	History of previous myocardial infarction, with congestive heart failure or other complications
☐	☐	Alcohol or drug addiction
☐	☐	Active venereal disease
☐	☐	Physical or structural disability that restricts mobility or requires help of others
☐	☐	Malignant hypertension
☐	☐	Corrected vision capable of reading newsprint 16" to 18"
☐	☐	Corrected hearing loss not greater than 30%
☐	☐	Unrehabilitated orthopedic problem or less than one functional arm and hand and or leg
☐	☐	Mental retardation
☐	☐	Other physical defect or disease which would interfer with a schooling program or job opportunity
☐	☐	Present pyschiatric problems or on medication
☐	☐	Dental problems requiring full mouth extraction

PEDIATRIC ONLY:

Does this child have any of the following potentially disqualifying conditions?

Yes	No	
☐	☐	Juvenile--onset diabetes
☐	☐	Symptomatic congenital heart disease
☐	☐	Mental retardation
☐	☐	Uncontrolled seizure disorder (i.e. more than three seizures a year)
☐	☐	Sickle cell anemia
☐	☐	History of psychological problems
☐	☐	Leukemia or history of cancer
☐	☐	Blindness
☐	☐	Hearing, language or speech disorders (unless rehabilitated)
☐	☐	Unrehabilitated orthopedic problems
☐	☐	Hyperactive - not controlled by medication
☐	☐	Immunizations required (include record of immunizations)

COMPLETE THE FOLLOWING FOR BOTH ADULT & PEDIATRIC. COMMENT TO THE EXTENT NECESSARY ON ALL SUBJECT AREAS IN THE SPACES PROVIDED.

SKIN _____

SKELETAL AND EXTREMITIES _____

HEAD AND NECK _____

CARDIOVASCULAR _____

LUNGS _____

ABDOMEN _____

HERNIA AND GENITALS _____

OTHER PHYSICAL FINDINGS _____

GENERAL OBSERVATIONS/REMARKS _____

_____

_____

THE FOLLOWING LABORATORY STUDIES MUST BE INCLUDED FOR ALL EXAMINATIONS:

Complete Blood Count: _____

Urinalysis: _____

Intermediate PPD: *Negative* _____ *Positive* _____

Note: If PPD is positive, a chest X-Ray is required with results noted.

Blood Pressure _____ / _____

Medications presently being taken: _____

_____

Pre-existing conditions which may require surgery or other major medical attention: _____

_____

_____

I hereby certify that I have examined _____

(Name of Person Examined)

_____

(Signature of Physician)

_____

(Date)

_____

(Clinic/Hospital/Private)

_____

(Address)

To be completed by the State Coordinator: Comments/observations on the applicant's overall physical and emotional conditions. Note any disqualifying conditions.

_____

_____

_____

_____

_____

_____

(Signature of State Coordinator)

Mountain-Plains Education & Economic Development Program, Inc.

POST OFFICE BOX 3078 · GLASGOW, MONTANA 59231 · TEL: (406) 524-6221

STATEMENT OF INTENT REGARDING PREGNANCY

I, _____, am not currently pregnant. I understand that if I become pregnant before entering the Mountain-Plains Program and have my child while participating in the Program, all expenses resulting from my pregnancy must be paid by me and/or my family.

I understand that should I become pregnant while participating in the Program (after entrance), Mountain-Plain's insurance carrier will pay no more than $200.00 for in-hospital expenses resulting from the pregnancy and delivery. This pregnancy insurance coverage for in-hospital expenses will follow me after Program exit until delivery of my child, if conception was during Program participation.

In addition to the in-hospital insurance, while involved in the Mountain-Plains Program only, prenatal, delivery and postnatal physician's services will be covered by Mountain-Plains's contract with the Comprehensive Health Center on Base.

_____
Signature - Spouse

_____
Signature - Head of Household

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_____
Date

Mountain-Plains Education & Economic Development Program, Inc.

POST OFFICE BOX 3078 · GLASGOW, MONTANA 59231 · TEL. (406) 524-6221

INFORMATION RELEASE FORM

The Mountain-Plains Education and Economic Development Program may utilize test and interview information obtained by its staff members concerning myself and my family in research and program development.

Mr./Ms. _____ from the state of _____
has explained the above conditions to me.

_____ _____
Head of Household Spouse

_____
State Office Representative

_____
Date

Mountain-Plains Education & Economic Development Program, Inc.

POST OFFICE BOX 3078 · GLASGOW AFB, MONTANA 59231 · TEL: (406) 524-6221

LEGAL HISTORY

POLICE RECORD

Has applicant a Police or Juvenile Record? (other than minor trafic violations)
( ) YES ( ) NO

If "yes", what was the offense or charge, disposition, sentence? Where and When?

Is Applicant now undergoing court action of any kind? ( ) YES ( ) NO
If "yes", please give details (including name and address of Court Officer).

REMARKS:

I declare that my answers to all the above questions are true and correct. I understand that I can be exited from the Mountain-Plains Education and Economic Development Program, Inc., for making a false statement or for misrepresenting any material fact concerning the above.

DATE SIGNATURE OF APPLICANT

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MEMORANDUM OF ENROLLMENT
TERMS AND CONDITIONS

Purpose

Mountain-Plains is a program designed to develop and strengthen the family. The educational and counseling programs conducted at Mountain-Plains are designed to improve family harmony, home management, consumer effectiveness, family health, use of leisure time, child rearing skills, development of positive attitudes, and a sense of responsibility and decision making. The program includes career preparation in reading, writing, math, work attitude development, and primary occupational skill development. If accepted, the following conditions shall apply to the student family.

Definitions

1. Head of Household: That individual identified by the family unit as the probable source of primary financial support.

2. Spouse: That individual married, by law, to the designated Head of Household.

3. Student: Any adult individual officially enrolled in any portion of the Mountain-Plains program.

4. Completion Award: A monitary award determined by Mountain-Plains staff and set forth in Mountain-Plains policy, given to any family unit that successfully completes the Mountain-Plains program.

5. Relocation Costs: Those costs computed by Mountain-Plains staff and set forth in Mountain-Plains policy for purposes of awarding partial travel and moving expenses both to and away from the Mountain-Plains center and original residence of record.

6. Interview Costs: Those costs computed and established by Mountain-Plains staff and set forth in Mountain-Plains policy for the purpose of allowing employment interviews established or sanctioned by the Mountain-Plains placement office.

7. Family: A family shall consist of only those individuals who are so qualified under terms and definitions of the Internal Revenue Service regulations.

8. Residential Housing Unit: An assigned living quarters maintained by and leased to the family under conditions established by Mountain-Plains policy and USAF regulations.

9. Normal Exiting Procedures: Those procedures established by Mountain-Plains staff and set forth in Mountain-Plains policy to insure that legal and program accountability may be maintained.

Student Responsibilities

1. Head of household and spouse shall attend Orientation and the Family Core Curriculum, consisiting of health education, consumer education, parent involvement, home management, and career guidance and exploration. Completion of this curriculum is required.

2. Head of household shall commence a program for a minimum of thirty-five (35) hours per week following completion of the Family Core Curriculum.

3. Head of household and spouse shall attend counseling as prescribed by Mountain-Plains.

4. A student is responsible for any debts incurred or damage done in connection with the Mountain-Plains program, and the amount of said debt or damage will be deducted from any final payment due to the student.

5. A student is responsible for personal debts and obligations incurred while at Mountain-Plains including medical costs not covered by insurance, and any maternity costs.

6. The head of household and spouse hereby declare that there are no pending civil or criminal actions against them or any member of their family, and that they have not given any false statements or information whatsoever to Mountain-Plains. Subsequent disclosure of any such pending criminal or civil action, or false statements or information are grounds for immediate expulsion from Mountain-Plains.

7. It is understood that Mountain-Plains makes no statements or guarantee of employment following completion of a student's enrollment program and that each student's length of stay at Mountain-Plains depends upon career choice, placement and program progress.

8. Each student shall maintain his house and surrounding area in a clean and neat manner and any cleaning charges or building damage done by the student shall be deducted from any final payment due to the student.

9. Head of household and spouse understand that they may be dismissed from Mountain-Plains for excessive unexcused absences, failure to progress, insubordination, repeated violations of safety rules and regulations, conviction of a crime or offense involving moral turpitude, possession, distribution, use or sale of dangerous drugs, larceny, or any other acts, omissions, or conduct determined to be detrimental to Mountain-Plains, the program, the staff, or other students.

10. Students completing the program will keep Mountain-Plains informed of their current address and employment status.

Mountain-Plains' Responsibilities

1. Mountain-Plains will pay each family a stipend of $85.00 per week, with deductions taken for absences as defined in the policy manual. The stipend begins the day following enrollment in the program at Glasgow Air Force Base.

2. Mountain-Plains will pay certain costs of travel and moving expenses from the family's current residence to Glasgow Air Force Base on a scheduled rate as determined by Mountain-Plains. All travel expenses must be verified by receipts delivered to the Student Accounting Office.

3. Mountain-Plains will pay students resigning or exiting at its option the amount of their relocation costs or $150.00, whichever is less, (if normal exiting procedures as defined in the policy manual are adhered to) but not any completion award or interview costs.

4. Mountain-Plains will pay a completion award and interview costs to students completing the program in addition to relocation costs if normal exiting procedures as defined in the policy manual are adhered to.

5. Mountain-Plains will provide a residential housing unit for the rental of $40.00 per month.

Information Authorization

The undersigned head of household and spouse hereby authorize any physician, hospital, medical attendant, credit reporting agency, employer, past or present, or any other person or persons to furnish full and complete medical reports, employment records, credit reports, or the like, to Mountain-Plains Education and Economic Development Program, Inc., at its request. The undersigned do further authorize the release of said reports, any additional information or reports generated by Mountain-Plains to any person, agency, partnership, firm, or corporation.

The undersigned parties acknowledge that they have read the foregoing memorandum, understand the same, and execute it with full knowledge of the terms and conditions thereof. The undersigned parties further agree that any and all modifications of this memorandum are to be in writing and are to be attached to this agreement and initialed by the parties hereto.

_____

Head of Household

_____

Spouse

MOUNTAIN-PLAINS EDUCATION & ECONOMIC DEVELOPMENT PROGRAM, INC.

By: _____

(Authorized Representative)

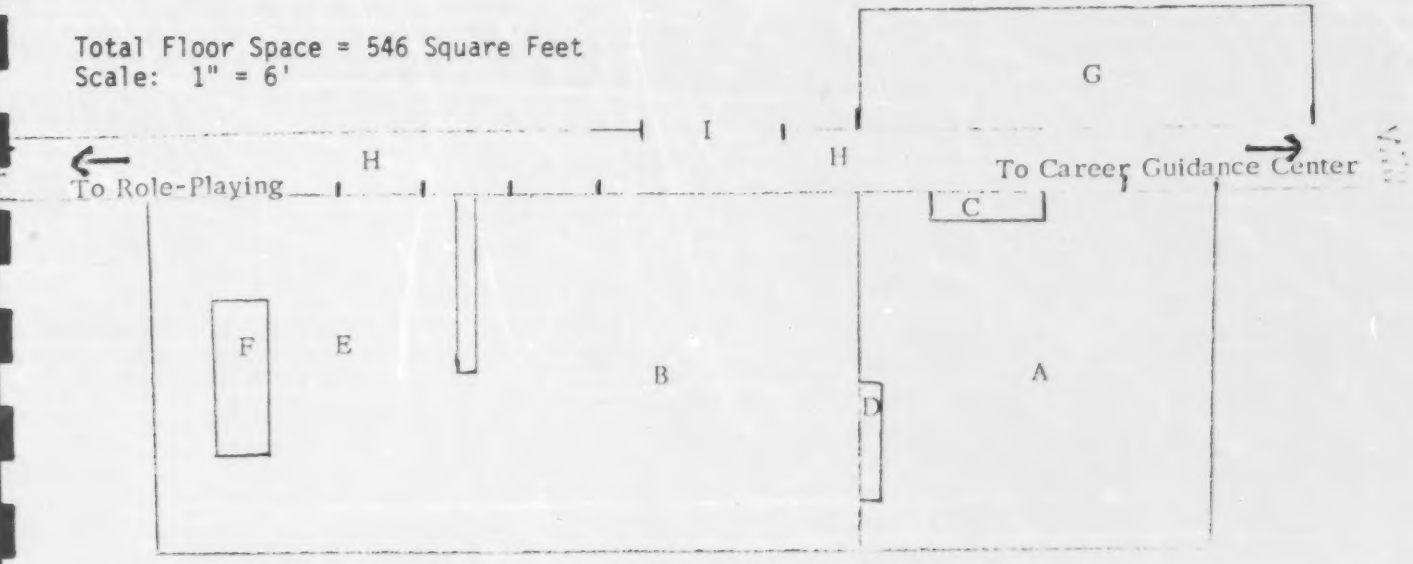
FIELD SERVICES DIVISION

PLACEMENT COMPONENT

PLACEMENT OFFICE FLOOR PLAN

The Student Placement Office must be conveniently accessible to Students. The present location of the Student Placement Office invites Students to utilize the services at their convenience. The close proximity to the Career Guidance, Data, and Counseling Departments channels Students into this area on a regular basis. Convenient accessibility is the key to Student involvement in the Placement effort.

Total Floor Space = 546 Square Feet
Scale: 1" = 6'



A = Student Placement Officer

B = Student Placement Office Secretary

C = Area Information File

D = Maps of Six State Region and Adjoining Area

E = Reception Area and Waiting Room

F = Library of Regional Newspapers

G = Opportunity Inventory (Bulletin Boards)

H = Hall

I = Exit

Quantity]	Unit Price	Description
1 Box	4.10	Correcto-Type
12 Boxes	.23	Scotch Magic Transparent Tape
4 Boxes	.39	Gem Paper Clips (100, No. 1)
16	4.70	Olivetti Carbon Ribbons
1	.29	Correctette Correction Kit
12	.29	Liquid Paper
12 Boxes		Ideal Paper Clamps (50, No. 2)
1 Box		Ipko Paper Clips (Binder, Med.)
2		Liquid Paper Thinner
60	.05	Skilcraft Tube Type Markers
1 Box	.89	Transparent Index Tabs
2 Boxes	.16	Rubber Bands, size 32
24		Telephone Message Pads
2 Boxes		Grease Pencils
2 Boxes	5.00/Box	Mountain-Plains Letterhead Envelopes
2	.37	Desk Calendar Pads
1 Box	1.10	Clo-Copy Sets
2 Boxes	6.00	Mountain-Plains Letterhead
4 Reams	.70	Typing Paper, 8 1/2 X 11
30		Mailing Protectors
2	.16	Wood Rulers, 18"
2	.17	Blackboard Erasers
6 Boxes	.22	Bostich Staples
1	.22	Inking Pad
1	.82	Typewriter Pad
1	.20	Clamp, Pencil Sharpener
2	.30	Stand, Calendar Pad
2	.13	Staple Removers
1	1.35	Pencil Sharpener
1	.90	Moistener, China Wheel Type
1	1.80	Perforator, Paper, Two-Hole
2	2.95	Dispensers, Scotch Tape
1	1.45	Filing Box, 5" X 8"
1	20	Opener, Letter Hand
1 pair	.36	Book Ends
7	.33	Rubber Stamp, Band
2	1.40	Stapler, Paper Fastener, Desk Model
6 Boxes		Folder, File, Letter
500	1.30	Envelope, Mailing, 9 1/2 X 12
300	2.55	Envelope, Mailing, 12 X 16
2 Boxes	.18	Label, Blue
2	.24	Ash Receiver
2	1.95	Basket, Waste Paper

Quantity	Unit Price	Description	P. O. No.	Transfer Number
1	$77.50	Blackboard	1069	0868-4
1	$60.78	Decor Table	1394	1232-6
1		Wall Clock, General Electric		
2		Lounge Chairs, heavy aluminum tubing, vinyl cushions		
2		Chairs, straight-backed, wooden		
2	$10.10	Chairs, Artco Bell	2177 3685	1756-7 3454-9
1		Chair, straight-backed, metal frame, vinyl cushions		
1	$59.00	Filing Cabinet, 5-drawer, letter size	0164	0108-61
2	$110.00	Executive Desk, gray, stock # 71102709840		1269-20 1269-22
1	$20.00	Chair, Revolving, gray	0195	0122-10
1	$555.00	Typewriter, IBM Executive, electric		0052-2
1	$20.20	Bookcase, metal, two section	0111	0058-109
1	$27.00	Bulletin Board, 4' X 8'		
1	$101.15	Literature Rack	1203	0928-4
4	$9.45	Stack Chairs	1421	1106-40
1	$22.60	Chair, Revolving	0195	0122-23
1		Filing Cabinet, 2-drawer, gray, letter size		
1	$25.95	Roladex V File	0291	0229-1

STUDENT PLACEMENT OFFICE ACTION SEQUENCE

Activity	Time Line
Information Services: Provide Students with general information and employment information relative to areas of relocation and the techniques involved in a positive placement effort.	Continuous
Exit Orientation: Explain Student Placement Procedures and the Placement Services that are available to completing Students.	60 days prior to completion.
State of Relocation Decision: The Student must notify the Student Placement Office of his decision regarding the State of Relocation no later than 30 days prior to completion. Arrangements are then made for a telephone conference call to the State Coordinator in the State of Relocation.	No later than 30 days prior to completion.
Student Placement Packet: Route a Complete Student Placement Packet to the State of Relocation.	To allow 30 days for job development.
State of Relocation Information Update: Utilize telephone contacts with the State Office to update information regarding completing Students.	From 30 days prior to completion until the student exits.
Student Information Update: Keep the Student informed of Placement Activities in his selected State of Relocation.	From 30 days prior to completion until the Student exits.
Interview Trip: Process the Interview Clearance to notify the Student Accounting Department and the Community Instructors of the interview trip schedule.	Immediately after receiving notification from the State Office regarding specific interview dates.
Exit Procedure: Process the Exit Confirmation to notify the Student Accounting Department and the Community Instructors of the specific date for Student dislocation.	At the earliest time a specific date for dislocation is known.

PLACEMENT MOD ACTIVITY SEQUENCE

Activity	Time Line
Schedule Change: The Student reports to Data to confirm a schedule change to Placement.	Date of Completion in occupational training area.
Utilization of Placement Mod: This mod is utilized for Student job interview trips and preparation for dislocation. The Student is requested to report to the Student Placement Office at least once a day unless other specific arrangements are made.	Date of Completion until Exit.
Placement Mod Time-Frame: Students complete the job interview trip, return to Center and prepare for Dislocation no later than 10 class days following their date of Completion. Any extension to this time-frame must be approved by the Executive Director or Deputy Director.	Date of Completion plus ten class days.
Job Interview Trip: Process the Interview Clearance to notify the Student Accounting Department and the Community Instructors of the interview trip schedule.	Immediately after receiving notification from the State Office regarding specific interview dates.
Efforts are directed to coordinate the student job interview trip with the Student's Date of Completion in the occupational training area. Interview trips usually range in duration from 3 - 5 days plus travel time.	Immediately following the Date of Completion.
Exit Procedure: Process the Exit Confirmation to notify the Student Accounting Department and the Community Instructors of the specific date for Student dislocation.	At the earliest possible date that a specific Exit date and dislocation destination is known.
The Student reports to the Student Placement Office to pick up copies of his resume and transcript and to receive information updates from the selected State of Relocation.	Date of Exit
The Student also receives his Certificate of Completion.	Date of Exit

Student Placement Packet:

The primary objectives of the Student Placement Packet are as follows:

1) To acquaint the State Office Staff in the State of Relocation with the Completing Student.

2) To introduce the Completing Student to prospective Employers.

The utilization of the Student Placement Packet is determined by specific situations. Flexibility is essential if the Placement Effort is to serve the best interests of the Student.

The Student Placement Packet includes the following: (See Appendix C.)

1) Personal Data Sheet
2) Transcript
3) Health Report
4) Consumer Education Report
5) Mock Job Interview Evaluation
6) Occupational and Work Attitude Report
7) Counseling Report
8) State of Relocation Selection

Personal Data Sheet: (Originates during Completion Activities in Career Guidance)
A summary of personal data including education and work experience information. It may be utilized by the Student as a source of specific information needed to complete necessary applications for employment. A Skills-Oriented resume may be included for Students who lack work experience or who have work experience unrelated to their career preparation at Mountain-Plains.

Job Interview Evaluation: (Originates during Completion Activities in Career Guidance)
A critique of the Student's performance in a mock job interview. This includes specific information regarding individual strengths and weaknesses and positive suggestions for improvement in this activity which is vital to a positive Placement Effort.

Occupational and Work Attitude Report: (Originates in the individual occupation preparation areas of the Education Services Division.)

An employer-oriented evaluation including specific information about what the Student is trained to do and how well he does it. Instructor recommendations concerning job development and placement potential provide a sound basis for realistic job development by the State Staff in the Selected State of Relocation.

Counseling Report: (Originates in the Counseling Department.)

This information supplements the Occupational & Work Attitude Report. The Student's counselor reviews the O & WA report and then adds his comments regarding traits that may affect the Student's employability. Specific counseling input regarding Self-Related traits, Alcohol/Drug Problems, and Marital Harmony is included.

Additional comments regarding Problems Resolved, and Positive Personal Development or Unresolved Problems and Suggestions for Follow-Up may be included.

The completing Mountain-Plains Student is undoubtedly the most thoroughly screened applicant any prospective employer will have the opportunity to consider.

Health Report: (Originates during Completion Activities in the Family Core Curriculum Department of the Educational Services Division.)

A review of the Student's general health status and a reminder to him to maintain sound health habits such as updating immunizations, etc. It may reflect health problems that affect his employability.

Financial Planning Report: (Originates during Completion Activities in the Family Core Curriculum Department of the Educational Services Division.)

This financial forecast encourages the Student to continue financial planning. It may alert the State Office Staff to unusual or unrealistic financial needs.

Transcript: (Originates in Data.)

This is a list of completed courses.

State of Relocation Selection: (Originates in the Student Placement Office.)

This channels Student employment objectives and job development suggestions to the State Office.

PERSONAL DATA SHEET

NAME:	John Doe	AGE:	26
ADDRESS:	MCP 56R Ave. J. Box 49	DATE OF BIRTH:	12/1/47
CITY & STATE:	Glasgow AFB, Montana	MARITAL STATUS:	Married
STATE COORDINATOR'S PHONE NO:	605-224-8652	NO. OF CHILDREN:	3
SOCIAL SECURITY NO.:	333-33-3333	NO. OF DEPENDENTS:	4
		HEALTH STATUS:	Excellent

DATE OF AVAILABILITY: July 1, 1973

EMPLOYMENT OBJECTIVES: Mechanic, Shop Foreman

EDUCATION & TRAINING: Mountain-Plains Education & Economic Development Program, Inc., Glasgow AFB, Montana. Entered May, 1972-present. Received the G.E.D. certificate in November, 1972. Will receive certificate as General Mechanic on/or about March 15, 1973. See attached transcript of courses.

Duncan High School, Boise, Idaho. Attended September, 1962-June, 1964. General Education with shop courses.

PREVIOUS EMPLOYMENT & WORK EXPERIENCE:

1. Skyline Chrysler Dodge — December, 1972 to March, 1973
   MPEEDP Work Experience
   Highway #2 East
   Glasgow, Montana
   Position: General Mechanic (Performed engine overhaul and repair, tune-up, brakes, alignment, electrical system maintenance and repair, and general motor re-building).

2. Miller Garage — January, 1969 to November, 1972
   1234 Main Street
   Boise, Idaho
   Position: Mechanic's Helper (Assisted in tune-up and repair, removed engine and transmissions, installed batteries, and lube & oil).

MILITARY EXPERIENCE:	U.S. Army - Spec 5	September, 1966 to December, 1968
	Location:	Fort Bragg, North Carolina
	Position:	Heavy Equipment Operator
	Date of Separation:	12/15/68

PRESENT INTERESTS AND ACTIVITIES: Car racing, softball, golf, and bowling. President of MOWINDS Council

SALARY DESIRED: Open

REFERENCES:

1. Mr. Walt Osborn
   Mobility & Transportation Instructor
   MPEEDP
   Box 3078
   Glasgow AFB, Montana 59231
   Telephone:

2. Mrs. Judy Jones
   Counselor
   Boise Senior High School
   Boise, Idaho 59872
   Telephone:

3. Mr. Chuck Smith, Owner
   Skyline Chrysler Dodge
   Highway #2 East
   Glasgow, Montana 59230
   Telephone:

PERSONAL DATA SHEET

NAME: _____ AGE: _____

ADDRESS: _____ DATE OF BIRTH: _____

CITY & STATE: _____ MARITAL STATUS: _____

STATE COORDINATOR'S
TELEPHONE NO.: _____ NO. OF CHILDREN: _____

SOCIAL SECURITY NO.: _____ NO. OF DEPENDENTS: _____

HEALTH STATUS: Excellent

DATE OF AVAILABILITY: _____

EMPLOYMENT OBJECTIVES: _____

EDUCATION & TRAINING: _____

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Transcript Of Record

Name _____ Date Entered _____
Last First Middle
Date Completed _____

Present Address _____

Permanent Address _____

Date of Birth _____ Place _____

Social Security Number _____

High School Diploma _____ Name of High School _____
Date

G.E.D. _____ Source _____
Date

This is to certify that the following courses and units have been successfully completed by the above named student. Mountain-Plains uses a nongraded competency based system (validation or noncompletion). A student may retest in any area until validation is achieved.

OCCUPATIONAL CERTIFICATION AND D.O.T. CODE

GENERAL MECHANIC D.O.T. 620.281

Program Areas and Courses and Units Validated

COURSE

37.01 Shop Safety

UNIT

.01 Shop Safety

37.02 Tools and Equipment

.01 Basic Tools
.02 Special Hand Tools
.03 Shop Equipment

37.03 Brake Systems

.01 Fund. of Brakes System
.02 Master Cylinders
.03 Drum Brakes
.04 Disc. Brakes
.05 Brake Fluids & Lines
.06 Power Brakes
.07 Emergency Brakes

COURSE

37.04 Suspension Systems

UNIT

.01 Fund. of Suspension
.02 Tire Balancing
.03 Frontend Repair
.04 Frontend Alignment
.05 Steering Gears
.06 Power Steering

37.05 Electrical Systems

.01 Fund. of Electrical Systems
.02 Battery Servicing
.03 Starting Systems
.04 Charging Systems
.05 Ignition Systems
.06 Lighting Systems

_____
Registrar

Mountain-Plains is a Federally Funded Family Based Residential Program in Career Education.

Mountain-Plains is Approved Under Chapter 36, Title 38, U.S. Code By the Veterans Administration.

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HEALTH EDUCATION EXIT INFORMATION

FAMILY NAME: _____ DATE: _____

Members:	Ages:
1.	
2.	
3.	
4.	
5.	
6.	
7.	

I. MAJOR HEALTH PROBLEMS PRIOR TO ENTERING M-P OF EACH FAMILY MEMBER:

II. PRESENT HEALTH PROBLEMS WHICH HAVE OCCURRED OR STILL EXIST WHILE AT M-P OF EACH FAMILY MEMBER:

III. IMMUNIZATIONS PRESENTLY NEEDED FOR EACH FAMILY MEMBER:

IV. APPROXIMATE NUMBER OF VISITS TO CLINIC OF EACH FAMILY MEMBER AND APPROXIMATE NUMBER OF SICK DAYS OF EACH FAMILY MEMBER:

V. HEALTH EDUCATION COURSE:

a) Worthwhile to you?

b) Most interesting topics?

c) Least interesting topics?

d) Needed health areas not already covered?

VI. RECOMMENDATIONS FOR FURTHER HEALTH CARE: (For instructor's comments only)

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CONSUMER EDUCATION PROGRAM

PROJECTED FAMILY FINANCES

NAME _____

PROPOSED RELOCATION _____

FIRST MONTH'S FINANCES

RENT	_____	SAVINGS	_____
FOOD	_____	COMPLETION AWARD	_____
TRANSPORTATION	_____	SICK TIME ACCUMULATED	_____
INSTALLMENT PAYMENTS	_____	MOUNTAIN-PLAINS FINAL SALARY PAYMENT	_____
INSURANCE	_____	OTHER	_____
UTILITIES	_____		
OTHER	_____		
TOTAL PAYMENTS	$ _____	TOTAL ASSETS	$ _____

LIKELY STARTING SALARY IN AREA OF RELOCATION: HOH $ _____

SPOUSE $ _____

TOTAL INCOME PER MO. $ _____

NUMBER OF WEEKS AFTER DEPARTURE FROM MOUNTAIN-PLAINS WHEN FIRST PAYCHECK CAN BE EXPECTED _____

_____

FINANCIAL COUNSELOR

JOB INTERVIEW EVALUATION FORM

Name: _____ Position Applying for: _____

Date: _____ Organization: _____

Please rate each trait by checking (✓) the most appropriate box using the following key:

VS (Very Satisfactory) - The interviewee is very strong on this trait and made a favorable impression with the interviewer.

S (Satisfactory) - The interviewee is strong on this trait. Added strength would be helpful but not essential.

U (Unsatisfactory) - The interviewee is weak on this trait. This weakness deterred from the over-all interview. Added strength on this trait is needed.

VU (Very Unsatisfactory) - A definite weakness was observed on this trait. Improvement is essential.

Traits	VS	S	U	VU
GENERAL APPEARANCE				
Hair - length & style				
Fingernails - clean/trim				
Body Odor				
Breath				
Use of Make-up				
Beard - trimmed/clean shaven				
Posture				
Appropriateness of Dress				
CLOTHING				
Ironed				
Clean				
Shoes Shined				
Coordinated Colors				
VOICE QUALITY				
Tone				
Diction				
PUNCTUALITY				
Arrived for interview on time				

Traits	VS	S	U	VU
EYE CONTACT				
Maintained eye contact with interviewer				
SELF EXPRESSION				
Easily Understood				
Ability to convey ideas				
Expressed thoughts and feelings				
Appeared responsible, mature & dependable				
SELF CONFIDENCE				
Belief in abilities and skills				
Demonstrated composure and poise				
COURTESY				
Well mannered				
Considerate				
Respectful				
JOB KNOWLEDGE				
Knowledge of technical skills				
Knowledge of applied skills				

Strong Points: _____

Needs improvement in: _____

Comments: _____

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Student _____ / Date

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Interviewer's Signature _____ / Date

Occupational & Work Attitude Report

Career Area: OFFICE EDUCATION

Job Title: Clerk-Stenographer

Students Name: _____

Date: _____

The instructor in the occupational area made the following comments about the student.

INDIVIDUAL/PERSONAL TRAITS	Comments
PERSONAL FITNESS – Physical condition, appearance, cleanliness.	
ATTENDANCE/PUNCTUALITY – Absenteeism/Ability to meet deadlines.	
COOPERATION – Ability to work effectively with others.	
SELF-CONTROL – Ability to control emotions under stress.	
FLEXIBILITY - Ability to adapt to varying situations.	

WORK TRAITS	Comments
ATTITUDE – Enthusiasm, accepts suggestions for improvement, accepts assignments, conforms to job requirements.	
COMPETENCE – Knowledge of job requirements, skills in all phases of job, grasp of broad job area.	
INDUSTRIOUSNESS/INITIATIVE – The self-discipline and decision-making ability required to pursue the tasks necessary to accomplish work assignments without constant supervision.	
QUALITY OF WORK – Neatness, accuracy. QUANTITY OF WORK – Amount of work performed.	
DEPENDABILITY – Reliability, task accomplishment.	

ADDITIONAL COMMENTS AND RECOMMENDATIONS CONCERNING JOB DEVELOPMENT: _____

See Reverse For: Functions; Equipment/Materials Used; Specific Skills

FUNCTIONS:

1. Performs varied and responsible stenographic and clerical duties. Performs related work as required.
2. Must exercise independent judgement in determinations on varied problems which do not involve a major deviation from established policy and procedure. Requires knowledge of modern office methods and procedures, business English (writing), and office machines.

EQUIPMENT/MATERIALS USED:

1. Full Keyboard Adding Machine.
2. Ten-Key Adding Machine.
3. Printing Calculator.
4. Electronic Calculator.
5. Transcribing Machine.
6. Fluid Duplicator.
7. Thermofax.
8. Xerox.
9. IBM 29 Card Punch.
10. Video-tape.
11. Typewriter.

SPECIFIC SKILLS (If Applicable):

1. Takes and transcribes dictation consisting of letters, reports, bulletins and memoranda.
2. Types a variety of material from straight copy or machine dictation; may also compose and type letters from oral or written instruction.
3. Compiles and maintains records, assuming responsibility for accuracy, completeness and compliance with rules.
4. Maintains general office files.
5. Performs routine telephone duties and assists office visitors.
6. Maintains the calendar of scheduled appointments and reports.
7. Disposes of office details not requiring official action or decision.
8. Operates a variety of office machines.

Date of Test	Length of Test	Gross Words Typed/Min.	Rate of Dictation	Total No. Errors*	Percentage of Errors
Typing	MIN.	WPM			
Shorthand	MIN.	WPM			

*Total number of errors made on a five minute typing test.

Instructor's Name or Signature _____ _____ Date _____

Mountain-Plains Education & Economic Development Program, Inc.

Counseling Report

Students Name: _____

Date: _____

Counseling input to instructor's comments.

INDIVIDUAL/PERSONAL TRAITS	Comments
PERSONAL FITNESS — Physical condition, appearance, cleanliness.	
ATTENDANCE/PUNCTUALITY — Absenteeism / Ability to meet deadlines.	
COOPERATION - Ability to work effectively with others.	
SELF-CONTROL — Ability to control emotions under stress.	
FLEXIBILITY - Ability to adapt to varying situations.	

WORK TRAITS	Comments
ATTITUDE — Enthusiasm, accepts suggestions for improvement, accepts assignments, conforms to job requirements.	
COMPETENCE - Knowledge of job requirements, skills in all phases of job, grasp of broad job area.	
INDUSTRIOUSNESS/INITIATIVE — The self-discipline and decision-making ability required to pursue the tasks necessary to accomplish work assignments without constant supervision.	
QUALITY OF WORK — Neatness, accuracy. QUANTITY OF WORK — Amount of work performed.	
DEPENDABILITY — Reliability, task accomplishment.	

ADDITIONAL COMMENTS (If Necessary): _____

Comments regarding specific counseling objectives affecting employability.

SPECIFIC COUNSELING OBJECTIVES	Comments
SELF-RELATED TRAITS — Feelings of self-concept, self-confidence, self-acceptance. *	
ALCOHOL/DRUG PROBLEMS — Possible detriment to job, personal and family functioning.	
MARITAL HARMONY — The ability to function and grow as family unit, constructively manage conflict.	

* Self-Concept. The feeling that one is a worthwhile person.
Self-Confidence. The feeling that one has abilities and can reach realistically arrived objectives by employing them.
Self-Acceptance. The ability to deal openly and honestly with one's strengths, weaknesses and abilities without overtones of egotism, self-pity, etc. In brief, accepting self-knowledge.

PROBLEMS RESOLVED, POSITIVE PERSONAL DEVELOPMENT: _____

UNRESOLVED PROBLEMS / SUGGESTIONS FOR FOLLOW-UP:

Counselor Name _____ 89 Date _____

STATE OF RELOCATION SELECTION

Date of Completion_____

Student Name_____

Where do you want to concentrate your work search?

State:

Cities:

Why?

What type of work so you want to do?

Why?

List firms that you would like to work for:

Name:
Address:
Prior Contacts:

Name:
Address:
Prior Contacts:

Name:
Address:
Prior Contacts:

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EXIT INFORMATION MAILING ALERT

_____ _____ _____ and _____

Clock Number *Student Name* *Student Name*

Please send out the following checked information to the States listed by

_____
(Date)

		Number of Copies of each
___1.	Personal Data Sheet HOH _____ Spouse _____	_____
___2.	Financial Status Report	_____
___3.	Health Report	_____
___4.	Employability Report	_____
___5.	Transcript HOH _____ Spouse _____	_____
___6.	Instructors Evaluation	_____
___7.	Job Interview Evaluation Form	_____

Send to: _____

_____

Date Mailed: _____

Comments: _____

_____

_____

_____

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Mountain-Plains Placement Officer

ROLE-PLAYING EMPLOYABILITY REPORT

Students Name: _____ Date: _____

INDIVIDUAL/PERSONAL TRAITS	Comments
Personal Fitness - Physical condition, appearance, cleanliness.	
Attendance/Punctuality - Absenteeism/ Ability to meet deadlines.	
Self-Control - Ability to control emotions under stress.	
Flexibility - Ability to adapt to varying situations.	
WORK TRAITS	
Cooperation - Ability to work effectively with others, co-worker - co-worker relationship.	
Industriousness/Initiative - The self-discipline and decision-making ability required to pursue the tasks necessary to accomplish work assignments without constant supervision.	
Dependability/Reliability - Task accomplishment.	
Conformance - Ability to conform to company policies, assigned tasks.	
Supervision - Ability to accept authority, supervisor co-worker relationship.	

Additional Comments (If Necessary):

SELF-RELATED TRAITS	Comments
Self-Concept - The feeling that one is a worthwhile person.	
Self-Confidence - The feeling that one has abilities and can reach realistically arrived objectives by employing them.	
Self-Acceptance - The ability to deal openly and honestly with one's strengths, weaknesses, and abilities without overtones of egotism, self-pity, etc. In brief, accepting self-knowledge.	

PROBLEMS RESOLVED, POSITIVE PERSONAL DEVELOPMENT:

UNRESOLVED PROBLEMS:

Specialist's Name: Date:

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TO: Supervisor, Community Instructors

FROM Placement Officer

SUBJECT: Preliminary Exit Arrangements and Transportation Request

The _____ family has completed the Mountain-Plains Program.

Please make the necessary preliminary exit arrangements as _____

will be on interview trips from _____ to _____.

☐ Transportation Not Needed

☐ Transportation Requested

Please provide a ride for _____ to the:

☐ Bus Depot Time Leaving: _____

☐ Train Depot Time Leaving: _____

☐ Airport Time Leaving: _____

On _____

Also, pick _____ up on _____

at _____ upon returning from the interview trip.

_____

Placement Officer

JOB INTERVIEW TRANSPORTATION SCHEDULE

Student Name: _____ Date: _____

The above mentioned student will be on job interviews from _____ to _____. The method of transportation is listed below.

- ☐ A. Bus - _____ Roundtrip Fare
- ☐ B. Train - _____ Roundtrip Fare
- ☐ C. Plane - _____ Roundtrip Fare
- ☐ D. Car - _____ Roundtrip Mileage

The above information applies to category A, B or C.

TO INTERVIEWS

Leaving Glasgow, Montana at _____ (time) on _____ (date) for _____ (destination) to arrive on _____ (date) at _____ (time).

RETURN TO GLASGOW

Leaving _____ on _____ (date) at _____ (time) for Glasgow, Montana to arrive on _____ (date) at _____ (time).

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STUDENT JOB INTERVIEWS

Name: _____ Date: _____ Family No.: _____

Departure Date: _____ No. of Days Per Diem: _____

Interview Date: _____ @ _____ Total: _____

Return Date: _____

Destination of Trip: _____

_____

_____

Method of Travel: Bus ☐ Train ☐ Plane ☐ Car ☐

Round Trip Fare: $ _____

Round Trip Mileage: _____ @ .08 = _____

	Estimate	Actual	Difference
Travel Cost			
Per Diem			
Totals			

Check No.: _____ Amount of Check: _____ Date: _____ Received: _____

Date: _____ Receipt No.: _____ Amount: $ _____

Student Signature: _____ Date: _____

Placement: _____ Date: _____

Data: _____ Date: _____

Keep all receipts and settle immediately upon return.

COPIES TO: Placement; Accounting; Student; State Office

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STUDENT JOB INTERVIEW PREPARATION CHECK LIST

You are requested to hand carry the following documents on your job interview trip:

a. Resumes
b. Transcripts
c. Drawings or other Supplemental Information (Merit System Ratings, etc.)

Have you reviewed the information listed on these documents? _____

The _____ State Office Address is: _____

The _____ State Coordinator is: _____

The _____ State Office telephone number is: _____

You are to contact _____ when you arrive in _____

_____. His/her telephone number is _____.

You will meet him/her at _____.

Will your wife travel with you on the job interview trip? _____

Who is providing child care for your children during your interview trip?

Name _____
Address _____
Telephone No. _____

Will you need transportation from G. A. F. B. to the bus depot in Glasgow? _____

From the bus depot to G. A. F. G. ? _____

Bus Schedule: Leave Glasgow at _____ on _____ .

Arrive _____ at _____ on _____.

Leave _____ at _____ on _____.

Arrive Glasgow At _____ on _____.

I contacted _____ regarding local transportation arrangements.

If there is any change in your travel schedule, you must notify a Community Instructor.
Call collect: (406) 524-3063 weekdays 8 a.m. - 5 p.m.
_____ after regular work hours or weekends.

Exit Procedures:

An Exit Confirmation Alert is processed as soon as the specific date of exit and the exit destination are known. This Alert is routed to the Student Accounting Department and the Community Development Department. Those departments respond with the appropriate assistance.

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EXIT CONFIRMATION ALERT

TO: Supervisor, Community Instructors

CC: Accounting

FROM: Placement Officer

SUBJECT: Exit Confirmation

The _____ family has:

- ☐ 1. Accepted Employment on a Job Interview
- ☐ 2. Exiting without Job Placement
- ☐ 3. Resigned effective _____ (date).
- ☐ 4. Been administratively dismissed effective _____ (date).

The above mentioned family should exit Mountain Plains no later than _____

for _____.

Please make the necessary arrangements.

_____
Placement Officer

APPENDIX G

Occupational & Work Attitude Report

(SAMPLE)

Career Area: MARKETING & DISTRIBUTION

Job Title: Mid-Manager Trainee

Students Name: _____

Date: _____

The instructor in the occupational area made the following comments about the student.

INDIVIDUAL/PERSONAL TRAITS	Comments
PERSONAL FITNESS – Physical condition, appearance, cleanliness.	
ATTENDANCE/PUNCTUALITY – Absenteeism/Ability to meet deadlines.	
COOPERATION – Ability to work effectively with others.	
SELF-CONTROL – Ability to control emotions under stress.	
FLEXIBILITY - Ability to adapt to varying situations.	

WORK TRAITS	Comments
ATTITUDE – Enthusiasm, accepts suggestions for improvement, accepts assignments, conforms to job requirements.	
COMPETENCE – Knowledge of job requirements, skills in all phases of job, grasp of broad job area.	
INDUSTRIOUSNESS/INITIATIVE – The self-discipline and decision-making ability required to pursue the tasks necessary to accomplish work assignments without constant supervision.	
QUALITY OF WORK – Neatness, accuracy. QUANTITY OF WORK – Amount of work performed.	
DEPENDABILITY - Reliability, task accomplishment	

ADDITIONAL COMMENTS AND RECOMMENDATIONS CONCERNING JOB DEVELOPMENT: _____

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See Reverse For: Functions; Equipment/Materials Used; Specific Skills

FUNCTIONS:

1. Understands fundamental concepts of Marketing and Distribution specifically involved in the operation of wholesale and retail businesses.
2. Interprets and completes documents needed to process merchandise for shipping, receiving, checking, marking, stockkeeping and stock control.
3. Performs and understands various mathematical procedures and techniques of inventories, receiving merchandise and pricing.
4. Performs the correct procedures and techniques at the cash register.
5. Performs the various stages of a merchandise sale to serve customers efficiently and correctly.
6. Plans, constructs and evaluates the effectiveness of a merchandise display.
7. Understands various credit plans, shopping conveniences, and advisory services provided by wholesalers and retailers for their customers.
8. Utilizes advanced concepts and practices of selling in order to determine the correct needs of their customers, to demonstrate products effectively, and compete with other businesses for customers' patronage.
9. Understands basic fundamentals of planning and writing advertisements and organizing sales promotion and public relations activities in wholesale and retail businesses.

EQUIPMENT/MATERIALS USED:

1. Monarch dial-a-pricer.
2. Bill of lading.
3. Freight bill.
4. Purchase requisition.
5. Purchase order.
6. Stock requisition.
7. Invoice.
8. Packing slip.
9. Receiving report.
10. Inventory card.
11. Video tape for role playing.
12. Cash register.
13. Charge slips.
14. Layaway slips.
15. Endorse checks.
16. Rainchecks.
17. Refund slips.
18. Addressograph charge card imprinter.
19. Sales slips.
20. Mannequin - Male and Female.
21. Torso - Male and Female.
22. Various display props.
23. Merchandise chosen for three sales presentations and three displays.

SPECIFIC SKILLS (If Applicable):

Instructor's Name or Signature _____ _____ Date _____

PLACEMENT ACTIVITY SUMMARY — October, 1974

Family	Family Category	State of Origin	State of Reloc.	Proj. Comp. List	Est. Comp. Date	Actual Comp. Date	Exit Date	Initial Placement Interview
102	A	Wy.	Wy.	8/15/74 8/23/74 through 9/26/74	10/12/74 10/1/74 10/1/74	9/23/74	10/1/74	
	A	Wy.	Wy.	8/15/74 8/23/74 through 9/26/74	10/12/74 10/1/74 10/1/74		10/1/74	
	B	N. D.	Mont.	8/23/74 through 9/26/74	10/27/74 10/27/74	10/14/74	10/3/74	
	B	Wyo.	Wy.	8/15/74 through 9/26/74	10/25/74 10/25/74	9/11/74	10/3/74	
	A	Id.	Id.	8/15/74 through 9/5/74 9/12/74 through 10/3/74	11/74 11/74 10/15/74 10/15/74		10/1/74	
	A	Id.	Id.	8/15/74 through 9/5/74 9/12/74 through 10/3/74	11/74 11/74 10/15/74 10/15/74	9/6/74	10/1/74	
	A	N. D.	N. D.	8/15/74 through 9/26/74	10/1/74 10/1/74	9/23/74	10/8/74	

Mountain-Plains Education & Economic Development Program, Inc.
POST OFFICE BOX 3078 · GLASGOW, MONTANA 59231 · T... (406) 624-6221

December 5, 1974

INTEROFFICE MEMORANDUM

TO: Bruce Perryman, Executive Director

FROM: Jim H. West, Student Placement Officer JHW

SUBJ: Summary of Placement Action During October

COPY TO: ALL STAFF

Summary of Placement Action During October:

Mr. and Mrs. are both employed in Casper, Wyoming. Mr. is employed by Homestake Mining as a Draftsman at $3.50/Hr. Mrs. earns $390 per month as a Clerk/Typist for the Wyoming Employment Security Commission. turned down a $5.00/Hr. job offer in Rock Springs, Wyoming. (The current national economy is affecting job opportunities for Draftsmen.)

got married and did not initiate a work search.

Mr. was hired by Cook's Ford in Sheridan, Wyoming, as a General Mechanic at $3.00/Hr.

apparently was not released by his physician to return to work at the time he left center. The only follow-up we have received on the is brief mention of this in a telephone conversation. (They exited to Idaho).

went to work for Joe Crider near Donnybrook, North Dakota as a Small Engine Repairman at $400/Mo. (Mr. returned to work for a former employer.) is enrolled in a nine month secretarial training program through the North Dakota Employment Service. She had several job interviews, but she was not offered employment.

The three week follow-up on indicated the North Dakota office was arranging an interview for with the State Highway Department and also attempting to locate housing for her in Bismarck.

and exited to interviews. was hired by Rice Cycle of Rapid City, South Dakota under a CETA contract at a rate of pay of $3.00/Hr. He has received a merit increase since that time. Mrs. did not report to work with the South Dakota team on placement activities.

is working as a Carpenter in Cambridge, Nebraska earning $4.00/Hr. He received the job offer when he was home on incentive leave.

took an interview trip and accepted a job offer at Small's Engine Service in Cody, Wyoming. Her rate of pay was $2.50/Hr. under a CETA contract. She remained in Cody for several days and then returned to GAFB. There were also job opportunities in Jackson and Powell. I'm convinced her departure from Small's Engine Service affected the November interview of Mr.

was hired as an Inn maintenance man for Holiday Inn at $2.50/Hr. in Boise, Idaho.

exited to interviews at Grand Island, Nebraska. He was hired by Mid-Plains Construction Company as a Construction Laborer at $3.25/Hr. Recent information indicates that Mr. was laid off several days ago.

went to work as a Manager Trainee at Pay-Less Shoe Store in Omaha at a rate of pay of $2.30/Hr.

requested no placement assistance. Her priority concern seemed to be Voc-Rehab for Mr. She also indicated she wanted to get her teeth fixed before she began her work search. (Situations like this raise a question regarding State Office statistical responsibility in circumstances beyond their control.)

exited out of the six-state area. She expressed interest in work-search techniques and seemed very willing to utilize available opportunity channels when she arrived at her destination.

took an interview trip. She accepted the first job offer and declined interviews with firms in other cities for substantially better wages. She chose to stay in Kearney, Nebraska and receive $418/Mo. Interviews were scheduled with firms paying up to $500/Mo. The placement report indicated that from point of view she had found an adequately paying job which is challenging and located in the city of her choice. She also located housing in a respectable neighborhood which was a priority consideration.

was hired as a manager trainee at Big Bear Sporting Goods in Billings. The rate of pay was $3.00/Hr. This appeared to be the opportunity of a lifetime, but recent information indicates he was let go last week. The employers apparently made every effort to work with him, but felt he was not management potential.
Mrs. is pregnant and did not initiate a work search.

Mr. completed training as a Carpenter's Helper. He exited to interviews and was hired by Steiger Tractor Co. in Fargo, North Dakota at $3.50/Hr. He and his wife are very happy with the job and their apartment. This situation illustrates the importance of flexibility in the Placement Process. Due to the seasonal nature of the construction trades, employment in that area would have likely been temporary. The job offer he accepted provided permanent employment and may develop into a life-long career for Mr.
Mrs. trained as a Keypunch Operator but she didn't initiate a work search.

A recent telephone conversation indicates that . is still unemployed.

exited to interviews and is employed by Good Samaritan Home in Boise, Idaho as a Kitchen Helper. Her rate of pay is $305/Mo. She will receive advancement to a Cook's job or she will seek other employment.

exited without Placement to Missoula, Montana. His only chance for an interview was eliminated when the employer reviewed his drawings. Mr. was encouraged to contact the Montana State Office upon relocation, but he hasn't yet contacted them.

took an interview trip to Kearney, Nebraska and accepted employment at Good Samaritan Hospital. Her rate of pay was $2.35/Hr. In addition to her monthly salary, she was eligible for insurance plans, sick leave, and paid holidays, and up to $200 a year reimbursement for relevant education courses.
A job opening in Lincoln for a Kitchen Supervisor paid $479.88/Mo. Mrs. restricted her work search to Kearney, Chadron, Gordon, and Alliance, and institutional settings only. Recent reports indicate she left the job because of personal problems. She apparently gave the employer very short notice. They are very disappointed because they hoped to build a training program around Mrs.

Week of: _____ **WEEKLY PLACEMENT REPORT** No. of Placements: _____

INITIAL JOB PLACEMENT						
CLOCK NUMBER	Last Name First Name	Business Name or Place of Employment	Location	Date of Hire	Date of Exit	Salary
106						
JOB PLACEMENT OF SPOUSE POST EXIT						
RE-JOB PLACEMENT FOR HEAD OF HOUSEHOLD OR SPOUSE						
114						115

Mountain-Plains Education & Economic Development Program, Inc.

POST OFFICE BOX 3078 · GLASGOW, MONTANA 59231 · TEL: (406) 524-6221

INTEROFFICE MEMORANDUM

Week Ending: MARCH 21, 1975

TO: Bruce Perryman, Executive Diredtor

FROM: L.D. Robison, Registrar and Student Advisor

SUBJ: COMPLETION ROSTER

COPY TO: Dr. Flores, Dick Mutterer, George Faith(8 copies), Ernie Weber, Bill Conners(11 copies), Health, Career Guidance (5 copies), Jim West(8 copies), Counseling (2 copies), Data Center (7 copies), MCP 49 (2 copies), Rick Creamer, Early Childhood Education, Principal North Star School, Editor of Forum, Hospital.

1. Any changes of completion dates must be cleared with the student's Advisor. (See Student Flow-Through Manual Page 29, October 1, 1974)

2. THIS ROSTER SUPERCEDES THE ROSTER OF: MARCH 14, 1975

3. The asterisk between the Student Number and Name means it is a new addition, an asterisk following the Completion Date means there has been a date change.

4. The "C" between dates means that this student's date has been confirmed.

5. No Flag date means that the Completion Calendar for that student has not been completed.

COMPLETION ROSTER WEEK ENDING: MARCH 21, 1975

TU. O.	STATE ORIG.	NAME	AREA	STATE RELOC.	FLAG DATE		COMPLETION DATE	
684	NEB.	STEWART, DOROTHY	CLERK/STENO	N.D.	2/01/75	C	3/04/75	
54	MONT.	BOGGS, ODESSA	DRAFTING	MONT.	2/07/75	C	3/11/75	
534	N.D.	TAYLOR, PERRY	CARPENTRY	MONT.	2/15/75	C	3/14/75	
643	N.D.	HANSON, SYLVIA	CLARK/STENO	N.D.	2/15/75	C	3/14/75	
26	MONT.	DWYER, DAVID	APPL. SERVICE	MONT.	2/15/75	C	3/14/75	
739	N.D.	HEUTHER, LARRY	HEATING & VENTING	N.D.	2/15/75	C	3/14/75	
08	WYO.	RICHARD, RUSSELL	CARPENTRY	WYO.	2/16/75	C	3/15/75	
621	S.D.	HUFFORD, GENE	MID-MGMT	MONT.	2/16/75	C	3/18/75	
762	N.D.	DURBIN, DANNY	PLUMBING	N.D.	2/16/75	C	3/18/75	*
04	ID.	CATES, CHUCK	ASST. MGR.	ID.	2/19/75	C	3/21/75	
627	MONT.	FIETKAU, ROWLAND	GEN. MECH.	MONT.	2/19/75	C	3/21/75	
67	S.D.	ANDERSON, HOWARD	DRAFTING	S.D.	2/19/75	C	3/21/75	
660	ID.	MITCHELL, HERSHEL	MID-MGMT.	ID.	2/19/75	C	3/21/75	
696	N.D.	HAUGEN, LYLE	ELECTRIC/WIREMAN	N.D.	2/20/75	C	3/24/75	
38	MONT.	HOYT, RICHARD	ELECT/WIREMAN	MONT.	2/24/75	C	3/25/75	
648	NEB.	PEMBERTON, CLIFF	DRAFTING	NEB.	2/24/75	C	3/25/75	
95	MONT.	SHELTON, DENNIS	FOOD SERVICE	MONT.	2/25/75	C	3/27/75	
736	MONT.	SPOTTED HORSE, ADELLA	CLERK/TYPIST	MONT.	2/26/75	C	3/28/75	
626	NEB.	PULLMAN, DOUG	ELECT/WIREMAN	S.D.	2/26/75	C	3/28/75	
35	ID.	COATES, DONALD	FOOD SERVICE	ID.	3/02/75	C	3/28/75	
806	WYO.	STALKUP, LANCE	OFFICE ED.	WYO.	3/02/75	C	3/28/75	
85	WYO.	JOHNSON, OSCAR	RADIO & T V	WYO.	3/03/75	C	3/28/75	
765	MONT.	FLANAGAN, PAT	ELECT/WIREMAN	ID.	3/04/75	C	4/03/75	
724	ID.	PELFRY, JILENE	BOOKKEEPER	WYO.	3/05/75	C	4/04/75	
28	MONT.	ELDRIDGE, EMILY	ASST. MGR.	MONT.	3/08/75	C	4/07/75	*
719	S.D.	HOF, JAMES	PLUMBING	WYO.	3/06/75	C	4/08/75	

EXITED PARTICIPANT
RELOCATION REPORT

Date of Exit: 1-13-75

Name: (HOH & Spouse) _____

Address: _____ Cheyenne, Wyoming 82001 _____
(Street) (City) (State) (Tel.)

Employment:

	HOH	Spouse
Employer: (Name & Address)	Blue Cross - Blue Shield Cheyenne, Wyo.	
Date Employed:	1-24-75	
Contact Person: (Name & Title)	Frank Miller Personnel	
Job Title:	Trainee	
Job Duties:	She will be in training for two weeks, then work in the Claims Dept.	
Wage per month: (hr/week)	$378.00 per month	

Has the above data been verified by the employer (s)? HOH Yes Spouse _____

Are these jobs in areas defined as worker shortage by ESC? HOH No Spouse _____

Did participants arrange own employment or was placement made by MP? HOH MP Spouse _____

Comments on above:

If either participant is unemployed, why?

HOH: _____ Spouse: _____

COMMENTS: _____

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Use additional sheet for any loyable children resident with HOH or spouse.

CP-10-1

Mountain-Plains Education & Economic Development Program, Inc.

INTERVIEW PER DIEM JUSTIFICATION & FOLLOW-UP REPORT

Student Name: _____ Current Opening: _____

Date of Interview: _____ Salary: _____

Firm Name: _____ Results: _____

Position: _____ Information Source: _____

_____ _____

Signature of Interviewer Verified by State Office

_____ _____

Signature of Student Approved by Student Placement Officer

_____

Student Address

Number of Days	Amount per Day	Total	Check Number	Date Mailed

Distribution: (1-State Office, 1-Student Placement Office, 2-Student Accounting Dept.)